07238

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Pleasant Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town Pleasant Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Blittlers Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Phillip Allan

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie Allan

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1866

8. AGE: Years 74 Months 4 Days 26 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Joseph Allan
13. Birthplace Md.

MOTHER
14. Maiden name Mary Richardson
15. Birthplace Md.

16. Informant Mrs Fannie Allan
Address Pleasant Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1940 (month) (day) (year)

Cemetery or crematory Wards Chapel Cemetery

Location Liberty Road.

18. Funeral director C. Harry Weer
Address Sykesville Md.

19. July 27 1940 L. Frank Miller M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 4:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940 July 27 1940 and that I last saw him alive on July 27 1940

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis Probably 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
2 day
2
1

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Frank Miller M.D. M. D. or other

Address Reisterstown Date signed July 27

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191)

Reg. Dist. No. 30

07239

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto Co

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fredk Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 63

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Fredk Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Katherine J Ammenhauser

3 (b) If veteran, name war ✓

3 (c) Social Security No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 2 1877

8. AGE: Years 63 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business ✓

FATHER 12. Name Jacob Ammenhauser

13. Birthplace Germany

MOTHER 14. Maiden Name Louise Pfeiffer

15. Birthplace Maryland

16 (a) Informant John Ammenhauser

(b) Address Frederick ave Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City Md

18 (a) Funeral director Eden J. MacNabb

(b) Address Frederick-Wade ave

19 (a) 7/29/40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 27 1940 at 4:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 27 1940, and that I last saw her alive on July 26 1940.

Immediate cause of death	Duration
Heat Stroke	9-1/2 Hrs
Due to	
Due to	
Other conditions Chronic Arthritis 10 yrs (Include pregnancy within 3 months of death)	

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address J. Carroll Monmonier. Catonsville, Md Date signed 7/29/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-6)

CERTIFICATE OF DEATH

07240

Reg. Dist. No. 37

1. PLACE OF DEATH:
County: Balto.
City or town: Texas Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Balto. Co Home
Stay in hospital or inst. (yrs., or mos., or days): 1 yr 10 mo. 16 days
Stay in this community (yrs., or mos., or days): 1 yr 10 mo. 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ✓ County: X
City or town: ✓ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Thomas Anderson

3. (b) Social Security Number: ✓

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: unknown
6 (b) Name of husband or wife: X
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: abt. 75 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace (Town, county, and state)
10. Usual occupation: Information
11. Industry or business: unobtainable
FATHER: 12. Name
13. Birthplace: Insane Pauper
MOTHER: 14. Maiden name: brought to institution by
15. Birthplace
16. Informant: Police Officers
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22 - 1940 (month) (day) (year)
Cemetery or crematory: Balto. Co. Home
Location: Texas Md.
18. Funeral director: Landon M. Brooks
Address: Sparks Md.
19. July 22 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 5 1938, to July 21 1940, and that I last saw him alive on July 20 1940.
Immediate cause of death: Chronic Nephritis (died in coma) — DURATION: 2 yrs. 24 hrs.
Due to: Senility - arteriosclerotic
Due to
Other conditions: Mentality fair.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Wilmer C. Ewin M.D. (M. D. or other)
Address: Cockeysville Md. Date signed: July 22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07241

1. PLACE OF DEATH (940)

County Baltimore Registration Dist. No. 44

Village or City No. Stemmers Run St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Baker

(a) Residence: No. Stemmers Run St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Baker

6. DATE OF BIRTH (month, day, and year): Feb. 10, 1888

7. AGE: Years 52 | Months 4 | Days 29 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs Mamie Baker Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Auburn Date: 7-12-, 1940

19. UNDERTAKER (Address): Mrs Frances A. Hemsley 578 W. Biddle St.

20. FILED: 7-11-, 1940 John G. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1940, to July 9, 1940

I last saw him alive on July 8, 1940; death is said to have occurred on the date stated above, at 4.15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	7/8/40
Cardiac Decompensation	1939
Arteriosclerotic cardio-vascular disease.	Years

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Tracy H. Davis M. D.

(Address) Essex, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUL 31 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124B)

CERTIFICATE OF DEATH

07242

Reg. Dist. No. 20

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING (M)

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 4 months, 19 days

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 1 yr. 4 months, 19 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1911 E. Oliver Street (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: George Margeram Baxley

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	separated

6.(b) Name of husband or wife: Mary Jordan

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): November 7, 1858

8. AGE: Years	Months	Days	If less than one day
81	8	4	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Plasterer

11. Industry or business: Home construction

FATHER 12. Name: James Baxley

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Kate Munz

MOTHER 15. Birthplace: Maryland

16. Informant: Hospital records

Address

17. Burial, cremation, or removal. Which? Burial Date thereof: 7/13/40 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore City

18. Funeral director: George M. Routh Inc.

Address: 1735 Maryland Ave.

19. (Date rec'd by registrar) 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 19 40 at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 22 19 39, to July 11 19 40

and that I last saw him alive on July 11 1940

Immediate cause of death	DURATION
Coronary & Generalized Arteriosclerosis	before 1939
Due to: Chronic Interstitial Nephritis	before 1939
Due to: Cirrhosis of the liver	before 1939
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	before 1939

Major findings of operations: No

Date of op.

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Catonsville, Md. Date signed: 7-11-40

DEPUTY LOCAL

RECEIVED
JUL 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

07243

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Lutherton Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Belair Rd.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Lutherton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Belair Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Girl Beyer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Infant

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 3rd 1940

8. AGE: Years — Months — Days — If less than one day ____ hrs. ____ min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Adolph R. Beyer
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden name Emma G. Carter
15. Birthplace Balto. Co. Md.

16. Informant Adolph R. Beyer
Address Lutherton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3rd 40 (month) (day) (year)
Cemetery or crematory Moreland Park
Location Balto. Co. Md.

18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.

19. 7/3 (Date rec'd by registrar) 1940 A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

Immediate cause of death	DURATION
20 hrs. before Labor	
Due to Transverse Position,	
Due to & Hard Presentation	
Other conditions Full term	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Michael Crossfield M. D.
M. D. or other
Address 5707 Belair Rd. Date signed 7/3/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (92-d)

Reg. Dist. No. 44

07244

1. PLACE OF DEATH: Balto

County

City or town Arvin Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Balto. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2303 E North Ave

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Max Bock

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 6th 1877

8. AGE: Years 63 | Months 3 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Helper Beauty Shop

11. Industry or business

FATHER
12. Name: Herman Bock
13. Birthplace: Germany

MOTHER
14. Maiden name: Louise Nichlio
15. Birthplace: Germany

16. Informant: Mrs Elsie Schnabel

Address: 2303 E North Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 10th 1940 (month) (day) (year)

Cemetery or crematory: Mt Carmel

Location: O'Donell St Ext.

18. Funeral director: Leo G. Cook

Address: 1701-03 N Patterson Park Ave

19. 7-10-40 (Date rec'd by registrar) 19 John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7th 1940, 8-30 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__~~

Immediate cause of death: Valvular heart

Due to: Disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. T. E. Myse Dfy M Ex (M. D. or other)

Address: Pinesview Md Date signed: 7-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 16 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

07245

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 3 mos 25 days

Stay in this community (yrs., or mos., or days): 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Conowingo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None.

3. (a) FULL NAME: Alma Kennedy Bodine

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife: John F. Bodine.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 31 1900

8. AGE:

Years	Months	Days	If less than one day
39	10	25	____ hrs. ____ min.

9. Birthplace: Philadelphia Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: John Kennedy
13. Birthplace: Youngstown Ohio

MOTHER
14. Maiden name: Ella McLaughlin
15. Birthplace: Philadelphia Pa.

Personal History - Hospital Record

16. Informant

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27-40 (month) (day) (year)

Cemetery or crematory: Darlington Cemetery

Location: Harford County Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. July 25 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940, at 9:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1. 1939, to July 25 1940 and that I last saw h-er alive on July 25 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	May 1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed 7-25-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07246

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 hours
Hospital, Institution, or street address where death occurred: Spring Grove State Hosp.
How long in hospital or institution? 14 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3704 Foster Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: Unknown

3.(a) FULL NAME: Charles J. Born

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 13 1899

8. AGE: Years: 40 | Months: 9 | Days: 8 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Bartender.

11. Industry or business:

FATHER
12. Name: Charles A. Born
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Wachter
15. Birthplace: Germany

16. Informant: Mary Born Mother
Address: 3204 Foster Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-24-40 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: German Hill Road

18. Funeral director: Lilly & Zeiler
Address: 403 S. Wolfe St.

19. 7/21/1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 6:35 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute dilatation of the heart	
Due to: Cardio Vascular renal disease	
Due to: Chronic alcoholism	
Other conditions: delirium	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.....

Autopsy results: same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Geo. S. Mullikin M. D. Dep. Med Examr Balto Co.
Address: 4010 Leeds Ave Date signed: July 21 40

AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

017247

Reg. Diat. No. 3D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 days
Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
How long in hospital or institution? 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Laurel
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 708 Washington Boulevard
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Joseph Brady (Joseph H. Brady)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rosa Brady (Rose A. Brady)
6.(c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): March 31, 1855

8. AGE: Years	Months	Days	If less than one day
85	3	12	hrs. min.

9. Birthplace: Prince George County, Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
FATHER 12. Name: Joseph H Brady
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown
16. Informant: Hospital Records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 13, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.
18. Funeral director: [signature]
Address: 1003 W. Baltimore St.
19. July 13 1940 (Date rec'd by registrar) [signature] Registrar
DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11, 1940, at 9:45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1940, to July 11, 1940 and that I last saw him alive on July 11, 1940

Immediate cause of death	DURATION
Broncho-pneumonia, bilateral	8 days
Due to: Chronic parenchymatous nephritis	Before 1940
Due to: Generalized arteriosclerosis	Before 1940
Other conditions: Psychosis with cerebral arteriosclerosis	Before 1940

(Include pregnancy within 3 months of death)

Major findings of operations: No
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: No Injured at work?

23. SIGNATURE: Serge Androp Serge Androp M. D. or other
Address: Spring Grove Hospital Date signed: 7/12/40

RECEIVED
AUG 2 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 30

07248

1. PLACE OF DEATH:

(a) Baltimore ~~City~~ Co, Maryland

(b) Street address Catonsville Md

(c) Hospital or institution: Offit Home OPitz Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1728 Harford (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Julious Brauer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Tailor

11. Industry or business

FATHER 12. Name

13. Birthplace Untrown

MOTHER 14. Maiden Name

15. Birthplace Untrown

16 (a) Informant M Donald

(b) Address 1728 Harford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40 (month) (day) (year)

(c) Cemetery or crematory Har Sinai Corp

Location Rosedal

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) 7/23/40 (Date rec'd by registrar) (b) R C Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1939, to July 23 1940, and that I last saw him alive on July 20, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to Arteriosclerotic Cardiovascular	
Due to Renal Disease	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel B Wolfe M. D.

Address 1331 E. North Ave Date signed 7-23-40

VS 3

JUL 23 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible] ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-e)

07249

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rolling Road near

Stay in hospital or inst. (yrs., or mos., or days) Belmont Rd

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 14 Roberts AVE.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Walter T. Brooks.

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 30, 1913

8. AGE: Years 27 | Months 1 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Brooks

13. Birthplace Maryland

MOTHER 14. Maiden name Clara Jackson

15. Birthplace Maryland.

16. Informant Emma J. Harris

Address 14 Roberts AVE Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1940 (month) (day) (year)

Cemetery or crematory St. Stephens Cem.

Location Elkridge Md.

18. Funeral director Easton Sons

Address Ellicott City, Md.

19. 7/6 1940 (Date rec'd by registrar) H. L. Andrews Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw alive on ____ 19__.

Immediate cause of death — DURATION

Severed vessels of right side neck

Due to

Due to fractured jaw and spull

Other conditions automobile accident

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 4 1940

Where did injury occur? Catonsville (City or town) Balto Md (County) (State)

Injured at home, farm, industry, public place (where?) Public Rd

Means of injury automobile Injured at work?

23. SIGNATURE Geo McKieffer Sec Med Exam Co M. D. or other

Address 1010 Reed Ave Date signed July 6-40 Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

07250

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Granite
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Summit Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Granite Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Summit Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua G. Chenoweth

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married Legally Separated
6 (b) Name of husband or wife: Minnie Chenoweth
8(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug 26, 1872
8. AGE: Years 67 Months 11 Days ____ If less than one day ____ hrs. ____ min.
8. Birthplace: Baltimore Co Maryland (Town, county, and state)
10. Usual occupation: Farmer Retired
11. Industry or business
FATHER 12. Name: George Chenoweth
13. Birthplace: Maryland
MOTHER 14. Maiden name: Ruth Moran
15. Birthplace: Maryland
16. Informant: Mrs Wilbur F. Bonsal
Address: Granite Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1940 (month) (day) (year)
Cemetery or crematory: St Thomas Cemetery
Location: Garrison Md
18. Funeral director: Easton Sons
Address: Ellicott City
19. July 28 1940 (Date rec'd by registrar) Wm E. Martin (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to July 26, 1940 and that I last saw him alive on July 26 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Cardio-vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Wm E. Martin, M.D.
M. D. or other
Address Randallstown, Md Date signed 7/27/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

07251

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Viaduct Ave. Relay Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 3 years 6 months 17 days

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1514 Park Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Henry Sothoron Compton

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): ----------

8. AGE:

Years	Months	Days	If less than one day
About 79	---	---	- hrs. --- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Office worker B+O.

11. Industry or business: Rail road - retired

FATHER

12. Name: Bernus Compton

13. Birthplace: Southern Maryland

MOTHER

14. Maiden name: Margaret Halliday Sothorn

15. Birthplace: ----- Maryalnd

18. Informant: Dr. Beverley C. Compton

Address: 1014 St. Paul Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/23/40 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Frederick Ave.

18. Funeral director: H. W. Mears and Son

Address: 805 North Calvert Street

19. July 22 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21st 1940, at 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22nd 1940, to July 21st 1940, and that I last saw him alive on July 20th 1940.

Immediate cause of death: Bronchopneumonia — DURATION: 2 days

Due to: Generalized arteriosclerosis — 6 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lewis P. Gundry M. D. or other

Address: Relay, Md. Date signed: 7/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07252

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(191)

County Baltimore Registration Dist. No. 37

Village or City Texas No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Jane Agnes Concannon If U. S. Veteran, specify WAR

(a) Residence: No. Texas, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Practical Nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Edward Concannon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Conley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Edgar Klinger, Texas, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Texas, Md. Date July 29 1940

19. UNDERTAKER (Address) Sanders M. Brooks Sparks Md

20. FILED July 27-40 Wilmer C. Ensor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to July 27, 1940

I last saw her alive on July, 27, 1940; death is said to have occurred on the date stated above, at 4 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	7/26/40
Other Contributory Causes of importance:	
Chr. Hypertrophic Arteriosclerosis & Hypertension	
Bronchial Asthma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. W. Donahue M. D.

(Address) Texas, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 6 1928 U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

07253

Reg. Diat. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Owings Mills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred:
Pleasant Hill Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Owings Mills
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Pleasant Hill Road
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Lewis A. Cook

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Georgeanna Cook
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 4, 1858

8. AGE: Years	Months	Days	If less than one day
82	2	2	hrs. min.

9. Birthplace: Howard Co.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Miss Bessie Cook
Address: Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 9, 1940 (month) (day) (year)
Cemetery or crematory: Pleasant Hill
Location: Balto. Co.

18. Funeral director: J.F. Eline & Sons
Address: Reisterstown, Md.

19. July 8 1940 (Date rec'd by registrar) [signature] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6th 1940, at 1130 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1939, to July 6 1940 and that I last saw h[illegible] alive on 3rd 1940

Immediate cause of death	DURATION
Coronary Thrombosis	Sudden
Due to: Myocarditis	?
Due to: Arteriosclerosis	?
Other conditions: Chronic arthritis	?

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols Md
M. D. or other
Address: Pikesville Md Date signed: 7-7-40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

07254

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Cockeysville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Masonic Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 401 Byrn St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Isabel B Crowell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles H. Crowell
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1867

8. AGE:

Years	Months	Days	If less than one day
73	6	16	____ hrs. ____ min.

9. Birthplace Cambridge Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Samuel P. Smith
13. Birthplace Dorchester County
MOTHER 14. Maiden name Mary Mills
15. Birthplace Dorchester County
18. Informant Laura M. Schroeder
Address Masonic Home
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 - 1940 (month) (day) (year)
Cemetery or crematory Christ Church
Location Cambridge Md.
18. Funeral director Geo. L. Byer
Address 1512 Hollins St
19. July 30-40 (Date rec'd by registrar) Laura M. Schroeder Registrar
Wilmer C. Enscept.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 9.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 1938, to July 29 1940,
and that I last saw her alive on July 28 1940.

Immediate cause of death	DURATION
Cerebral Haemorrhage	4/24/40
Due to Cardio Renal Vascular	
Due to diseases	6 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. Schocket M. D.
M. D. or other
Address Cockeysville Md Date signed 7/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

07255

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Co. Home

Stay in hospital or inst. (yrs., or mos., or days) 1 yr 9 mo 3 da

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rosedale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Cullum

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Frances Schney

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1866

8. AGE: Years	Months	Days	If less than one day
73	6	19	hrs. min.

9. Birthplace Harford Co., Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER — 12. Name William J. Cullum

13. Birthplace Maryland

MOTHER — 14. Maiden name Martha Jane ?

15. Birthplace Maryland

16. Informant Balto. Co. Home Register

Address Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 1940 (month) (day) (year)

Cemetery or crematory Baltimore County Home

Location Texas Maryland

18. Funeral director London M. Brooks

Address Sparks Maryland

19. July 1 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1938, to July 1 1940, and that I last saw him alive on July 1, 1940

Immediate cause of death	DURATION
Chronic Valvular Endocarditis	1 yr
Due to Chronic Nephritis	
Due to Arteriosclerosis.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor. M. D. or other

Address Cockeysville Md Date signed July 1/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

07256

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Baltimore

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4048 Wilkens Ave

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4048 Wilkens Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Julia B. Dunckel

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: George Dun

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): 12-16-1857

8. AGE: Years	Months	Days	If less than one day
87	6	24	____ hrs. ____ min.

9. Birthplace: Richmond Va (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: At Home

FATHER

12. Name: Julius A. Singer

13. Birthplace: Germany

MOTHER

14. Maiden name: Pauline ?

15. Birthplace: Germany

16. Informant: Mrs. C. Gu Dunckel

Address: 4048 Wilkens Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/12/40 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto City

18. Funeral director: F. B. Wippert

Address: 1309 Eutaw St

19. July 11 1940 (Date rec'd by Registrar) Ger Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 3 1935, to July 10 1940, and that I last saw h- alive on July 10 1940.

Immediate cause of death	DURATION
arteriosclerosis	
cardio vascular disease	5 yrs
Due to	
Due to acute uremia	4 days
	90
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Benjamin Miller MD M. D. or other

Address: 2020 Williams Ave Date signed 7/10/40

g 1214
3837

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (457) Reg. Dist. No. 44

07257

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
(a) County Balto.
(b) City or town Fort Howard (Rural.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Bowers Station
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Fort Howard (Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bowers Station.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME EUGENE DARCHI COURT.

3 (b) If veteran, name war None

3 (c) Social Security No. 213-07-6526

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lea

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July. 18. 1878

8. AGE: Years 61 | Months 11 | Days 24 | If less than one day ____hr. ____min.

9. Birthplace France
(Town, county, and state)

10. Usual occupation Carpenter.

11. Industry or business Building trades.

FATHER
12. Name Joseph Marchicourt
13. Birthplace France.

MOTHER
14. Maiden Name Frances Gueville
15. Birthplace France.

16 (a) Informant Lea Marchicourt.
(b) Address as above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14-1940 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Baltimore Md

18 (a) Funeral director D. D. Covington
(b) Address 21 W 25th St Balto.

19 (a) July 13. 40 (Date rec'd by registrar) (b) Dawson L. Harbin Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death July. 13. 1940 at 5 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937, to July 13. 1940, and that I last saw him alive on July 12 1940.

Immediate cause of death	Duration
Broncho-pneumonia -	2 days.
Due to Cachexia -	
Due to Naso pharyngeal	3 yrs.
Other conditions Malignancy.	
Trachiostomy. (Include pregnancy within 3 months of death)	
Major findings: Gastrostomy.	
Of operations Decubitus ulcers	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis D. Tolli. M.D.
M. D. or other

Address Sparrows Pt. Md. Date signed 7/12/40

RECEIVED
JUL 17 [illegible]0
BUREAU V. S.

07258

STATE OF MARYLAND
CERTIFICATE OF DEATH

(131-a)

Registration Dist. No. 31

1 PLACE OF DEATH

County Baltimore

Village or City Woodlawn (No. Dogwood Road St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Phillip P. De Greif

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Jan. 21 (Month) (Day), 1866 (Year)

7 AGE: 74 yrs. 6 mos. 9 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Retired Meat
(b) General nature of industry business, or establishment in which employed or (employer): Butcher

9 BIRTHPLACE (State or country): Catonsville, Md.

PARENTS

10 NAME OF FATHER: John De Greif

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Arnold

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis De Greif

(Address) Dogwood Road

15 Filed 7/31/40 1928 Henry A. Owings Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 30 (Month) (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 27 1940 to July 30, 1940 that I last saw him alive on July 29, 1940 and that death occurred on the date stated above, at 12.25 A.m.

The CAUSE OF DEATH * was as follows:

Chr. Valvular Heart disease (Duration) 5 yrs. mos. ds.

Contributory Secondary: Chr. Interstitial Nephritis (Duration) 5 yrs. mos. ds.

(Signed) Paul Brown M. D.

7/30 1940 (Address) 1663 N. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olive - Randallstown Md

DATE OF BURIAL: Aug 2nd, 1940

20 UNDERTAKER: Wm J Tickner & Sons

ADDRESS: North & Bend Baltimore, Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE FRONTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
SEP 4 1940
VITAL STATISTICS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07259

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto.

City or town Dundalk.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7013 Dunmanway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7013 Dunmanway

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Dixon

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Dundalk Balto Co. Md

(Town, county, and state)

10. Usual occupation none

11. Industry or business "

FATHER 12. Name Gerald Dixon 30

13. Birthplace New York State

MOTHER 14. Maiden name Dorothy McCauley 29

15. Birthplace New York

16. Informant Mr. Gerald Dixon

Address 7013 Dunmanway

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-16-40 (month) (day) (year)

Cemetery or crematory Texas Almshouse

Location Texas, Md.

18. Funeral director John G. Connelly

Address Cor. Md.

19. 7-16-40 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Still born 6½ mos.	
Due to Hypertension Toxemia of pregnancy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank D'Angelio M. D. or other

Address Dundalk, Md. Date signed 7/17/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

CERTIFICATE OF DEATH

07260

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 5 Days.
Stay in this community (yrs., or mos., or days): Some

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Rowlandsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R F D #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Edwin Forrest Durgin

3. (b) Social Security Number: 215-10-4369

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Bertha Durgin.
6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): July 29. 1873

8. AGE:

Years	Months	Days	If less than one day
66	11	20	____ hrs. ____ min.

9. Birthplace: Port Deposit (Town, county, and state) Maryland.
10. Usual occupation: Stone Cutter.
11. Industry or business: Stone quarry.
12. FATHER — Name: William Durgin.
13. FATHER — Birthplace: New Hampshire.
14. MOTHER — Maiden name: Sara Smith
15. MOTHER — Birthplace: Port Deposit, Md.
16. Informant: Personal History- Hospital Record
Address: Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20 1940 (month) (day) (year)
Cemetery or crematory: West Gottingham
Location: Colora Md.
18. Funeral director: J. E. Tyson
Address: Rising Sun Md
19. July 19th 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18 1940, at 1:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1940, to July 18 1940, and that I last saw him alive on July 18 1940.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	Yrs 1939
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other
Address: Towson, Md. Date signed 7-18-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

07261

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 yrs

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Halethorpe - Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Conrad and Ridge ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Anna Dutton

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Joseph M. Dutton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 18 - 1852

8. AGE: Years	Months	Days	If less than one day
88	1	28	..... hrs. ..... min.

9. Birthplace: Baltimore - Md

(Town, county, and state)

10. Usual occupation: Housewife -

11. Industry or business

FATHER — 12. Name: Henry Brooks -

FATHER — 13. Birthplace: Md -

MOTHER — 14. Maiden name: Maria Purper

MOTHER — 15. Birthplace: Md.

16. Informant: Howard T. Dutton -

Address: Halethorpe - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1940 (month) (day) (year)

Cemetery or crematory: Parkwood

Location: Taylor ave.

18. Funeral director: Harry H. Withe

Address: 4101 Edmondson Ave

19. July 18 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 1940, to July 16 - 1940

and that I last saw h.e. alive on July 16 - 1940

Immediate cause of death	DURATION
Nasal called Carcinoma.	
Hemorrhage Enteric Fever Final	10 years
Due to: Dr. Cook - ear - and Dr. Smith.	
Due to:	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically. ✓

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of .....

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury — Injured at work?

23. SIGNATURE: Frederic V. Bentley, M. D. or other

Address: Reisterstown - Md Date signed: 7-16-40.

*PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

07262

STATE OF MARYLAND—CERTIFICATE OF DEATH

59-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Long Green No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Barbara Duvall If U. S. Veteran, specify WAR

(a) Residence: No. Longreen Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Duvall

6. DATE OF BIRTH (month, day, and year) Oct 9-1879

7. AGE Years 60 Months 9 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph Roth

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Catherine Simon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Agnes Roberta Burnett (Address) Long Green Md

18. BURIAL, CREMATION, OR REMOVAL Place Jonsalem Lutt Date July 31, 1940

19. UNDERTAKER John C. Miller Inc. (Address) 2435 E. Oliver St

20. FILED 7/29/40 19 W M H Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to July 28, 1940

I last saw her alive on July 28, 1940; death is said to have occurred on the date stated above, at 6:25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rheumatoid Arthritis	1931

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clifford F. Hudson M. D.

(Address) Fork Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 07263

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.No. 1

1. PLACE OF DEATH

County Baltimore (73-D) Registration Dist. No. 30

Village or City Catonsville No. Spitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Annie R. Edelen If U.S. Veteran specify WAR ...

(a) Residence: No. Spitz Home St., Ward. Schroeder St., Baltimore, Md. *

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Addison Edelen

6. DATE OF BIRTH (month, dey, and year) May 24 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	2	5	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. /

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupetion ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Wm Burbins

14. BIRTHPLACE (city or town) ... (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth A Goldsmith

16. BIRTHPLACE (city or town) ... (State or country) Md

17. INFORMANT Mrs Olivia M Betton (Address) 606 Allen Lane Bty

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Oete Aug 1 1940

19. UNDERTAKER Harry W Wiltse (Address) 4101 Hanover St Bty

20. FILED 8/1, 1940 H. Stuart Loomis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 29 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939, to July 29 1940

I last saw her alive on July 29 1940; death is said to have occurred on the date stated above, at 8 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1yr
Other Contributory Causes of Importance:	
Generalized Cerebro Atheroma	6 yrs

Name of operation None Date of ...

What test confirmed diegnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was diseese or injury in any way related to occupation of deceesed? No

If so, specify ...

(Signed) Henry Stowell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

*over

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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AUG 10 1940
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Former residence obtained by calling the Opitz Home - 4/2/41 ams.

07264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (138)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove Hospital

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since January 15,1938

Hospital, Institution, or street address where death occurred: Spring Grove,State Hospital

How long in hospital or institution? since January 15,1938

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: Pennsylvania& Lawwence Ave. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME George W.Eisel

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	white	widowed

6.(b) Name of husband or wife: Elisabeth Ring

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 21,1866

8. AGE: Years	Months	Days	If less than one day
73	11	4	..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business:

FATHER
12. Name: George Eisel
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Daughter-in -law,Mrs.Vernon Eisel

Address: 5403 Windsor Mill Rd. Woodlawn,Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 29 1940 (month) (day) (year)

Cemetery or crematory: Louden Park

Location: Balto Md

18. Funeral director: Chas G. Black

Address: 742 W. North Ave.

19. 7/29 1940 (Date rec'd by registrar) [signature] Registrar

Deputy Lowell

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27, 1940 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1939, to July 27, 1940 and that I last saw him alive on July 27, 1940

	DURATION
Immediate cause of death: Chronic Myocarditis	before 1940
Due to: Sclerosis of Aorta	bef.19 40
Due to: Tuberculosis cavernosa of right lung	bef.1940
Other conditions: Senile Psychosis	before 1938

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results: As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Else Pappenheim Spring Grove State Hospital Date signed: 7-28-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

Social Security No: 220-03-4715

STATE OF MARYLAND—CERTIFICATE OF DEATH

07265

457

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Anneslie No. 617 Anneslie Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Ellensen If U. S. Veteran, specify WAR

(a) Residence: No. 617 Anneslie Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marjorie Gillilan

6. DATE OF BIRTH (month, day, and year) Nov. 8, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cavalier Co.
(State or country) N.D.

FATHER

13. NAME John T. Ellensen

14. BIRTHPLACE (city or town) Minn.
(State or country)

MOTHER

15. MAIDEN NAME Karen Spangelo

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Mrs. Marjorie G. Ellensen
(Address) 617 Anneslie Road

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington National Date July 26, 1940

19. UNDERTAKER 4044 York Road, Baltimore, Md.
(Address)

20. FILED July 25, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 23, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1940, to July 23, 1940

I last saw h[illegible] alive on July 23, 1940; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of	
liver	4 mos.

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William D. Kelpatrick M. D.

(Address) 5001 Roland Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 5 1927 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

07266

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Hereford (Monkton P.O.)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Hereford (Balto Co. Monkton P.O.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Mary Elizabeth Enson

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Lewis H. Enson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 25 1855

8. AGE: Years	Months	Days	If less than one day
85	2	7	hrs. min.

9. Birthplace: Balto. Co. Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Hutchinson
FATHER 13. Birthplace: Balto Co. Md.
MOTHER 14. Maiden name: Bond
MOTHER 15. Birthplace: Balto Co. Md.
16. Informant: Mrs. Fred D. Enson
Address: Ruxton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4 1940 (month) (day) (year)
Cemetery or crematory: Hereford Baptist
Location: Hereford
18. Funeral director: Landon M. Brooks
Address: Sparks, Md.
19. July 2 1940 (Date rec'd by registrar) Medmer Porter M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 12:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 2 1940 and that I last saw h/ alive on July 1 1940.

Immediate cause of death	DURATION
Central Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Medmer Porter M.D.
M. D. or other
Address: White Hall Date signed July 2, 40

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (140C) Reg. Dist. No. 44

07267

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Jones Creek. Sparrows Pt. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Walman Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 4 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Jones Creek. Harrows Point. (If outside city or town limits, write RURAL and give town)
(d) Street No. Walman Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME SADIE ELLEN ERNST

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Frank M. Ernst.

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1914

8. AGE: Years 25 | Months 8 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Garrett Co. Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home.

FATHER
12. Name Harvey Kelley.
13. Birthplace ✓

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Frank Ernst.
(b) Address As above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location ____

18 (a) Funeral director John G. Connelly
(b) Address Edgemere Md.

19 (a) July 22-1940 (Date rec'd by registrar) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death July 19 1940, at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1940 to July 19 1940, and that I last saw him alive on July 18 1940 (6:30 P.M.).

Immediate cause of death	Duration
Injected Spontaneous abortion.	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Fallin. M.D. (M. D. or other)
Address Sparrows Point Md. Date signed 7/19/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

07268

Reg. Dist. No. 33

1. PLACE OF DEATH:
County: Baltimore County
City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Training School
Stay in hospital or inst. (yrs., or mos., or days): 7 years 0 months
Stay in this community (yrs., or mos., or days): 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Calvin Faulkner

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 11, 1921

8. AGE:

Years	Months	Days	If less than one day
19	6	20	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Inmate of Rosewood State Training School.

11. Industry or business

FATHER
12. Name: James F. Faulkner
13. Birthplace: Tilghmans, Maryland

MOTHER
14. Maiden name: Mary E. Donnelly
15. Birthplace: Baltimore, Maryland.

16. Informant: Rosewood State Training School records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 2 1940 (month) (day) (year)
Cemetery or crematory: Tolghmans
Location: Maryland

18. Funeral director: Joseph B. Cook
Address: 1083 Baltimore St. Balto. Md.

19. July 31 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31, 1940, at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23, 1940, to July 31, 1940 and that I last saw him alive on July 31, 1940

Immediate cause of death: Status Epilepticus — DURATION: 7/23/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE: Harry G. Butler M.D.
M. D. or other
Address: Owings Mills, Md. Date signed 7/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and tersely.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13C)

CERTIFICATE OF DEATH

07269

Reg. Dist. No. X 38

1. PLACE OF DEATH:
County: Baltimore,
City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 2 1/2 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Hartford Co.
City or town: Edgewood. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: William James Florio

3. (b) Social Security Number:

4. Sex: m
5. Color or race: w
6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 8, 1927

8. AGE: Years: 12 | Months: 10 | Days: 7 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Fredrick Florio
13. Birthplace: Connecticut.

MOTHER
14. Maiden name: Rose Burecker
15. Birthplace: Maryland.

16. Informant: Personal History - Hospital Records
Address: Eudowood Sana torium, Towson, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7 17 1940 (month) (day) (year)
Cemetery or crematory: Abingdon.
Location: Abingdon. Md

18. Funeral director: Howard K McCleana
Address: Abingdon, Md

19. July 15 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940, at 7:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1940, to July 15 1940, and that I last saw him alive on July 13, 1940.

Immediate cause of death: | DURATION:
Due to: Pulmonary Tuberculosis | 4 mos.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public piece (where?)
Means of injury: Injured at work?

23. SIGNATURE: W A Bridges M. D. or other
Address: Towson, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

State

07270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

STILL BIRTH No. —

1. PLACE OF DEATH

~~CITY OF~~ BALTIMORE: (No. Cs. 6767 Graceland Ave St., 26 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME 5 Months Foetus

If U. S. Veteran specify WAR .....

(a) Residence: No. 6767 Graceland Ave St., 26 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 1940

7. AGE Years Months 5 Months Days Foetus If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Raymond H. Faatz

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Beatrice M. McCoy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Beatrice M Faatz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Colust Date July 6 1940

19. UNDERTAKER .....
(Address)

20. FILED JUL 15 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1940, to July 5, 1940

I last saw him alive on dead July 5 1940 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Maternal Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. B. Titlow M. D.

(Address) 315 S Highland

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1924*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mo.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: –
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3418 Belvidere Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Dennis N. Frazee

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Snowbella
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): June 4 1864

8. AGE: Years 76 | Months 0 | Days 29 | If less than one day ... hrs. ... min.

9. Birthplace: Garrett Co. Md.
(Town, county, and state)
10. Usual occupation: Motorman
11. Industry or business: Street Railway Co.

FATHER
12. Name
13. Birthplace: Garrett Co.

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs. Snowbella Frazee
Address: 3418 Belvedere Ave.
17. Burial (Burial, cremation, or removal Which?) Date thereof 7-5-40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Frederick Rd.
18. Funeral director: Wm. J. Tickner & Sons
Address: North & Penna Ave.
19. July 3 1940 (Date rec'd by registrar) John S. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3, 1940, at 3 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 3 1940 and that I last saw him alive on July 1 1940
Immediate cause of death: Cerebral hemorrhage — DURATION: 2 days
Due to: Cerebral arteriosclerosis — years
Due to:
Other conditions: Arteriosclerotic cardiovascular disease — years
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frazee H. Dennis M.D. M. D. or other
Address: Essex, Md. Date signed 7/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07272

1. PLACE OF DEATH 803 Overbrook Road. (93a)

County Baltimore Registration Dist. No. 38

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Catherine Fricke

(a) Residence: No. 803 Overbrook Road St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Fricke

6. DATE OF BIRTH (month, day, and year) March 6, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Frederick A. Eitel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Katrina Schrode

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theo. Fricke (Address) 803 Overbrook Rd

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date 7/20/, 1940

19. UNDERTAKER John Ulrich (Address) 2008 Orleans St

20. FILED July 17, 1940 W. Carroll Tax Hom Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1940, to July 16th, 1940

I last saw her alive on July 16th, 1940; death is said to have occurred on the date stated above, at 10.10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute myocarditis with cardiac insufficiency	about 3 weeks.

Other Contributory Causes of importance: Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eldred Roberts M. D.

(Address) 6100 York Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*4 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUL 23 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (32d) Reg. Dist. No. 30

07273

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Bonnie-View Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Braddish Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mary Caroline Gardner

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1856

8. AGE: Years 84 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John M. Gardner
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Emma Tennant
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Grace Andrews
(b) Address 2700 Lawina Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1003 W. Baltimore St.

19 (a) July 18,1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death July 16 1940, at 10.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7th 1940, to July 16th 1940, and that I last saw ~~him~~ her alive on July 15th 1940.

Immediate cause of death	Duration
(a) Myocarditis & Nephritis, Arteriosclerosis.	
Due to	
(b) Chronic endocarditis; duration: five years.	
Due to	
(c) Acute nephritis; duration: two weeks.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D. or other
Address 3005 St. Paul St. Date signed 7/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (74a) Reg. Dist. No. 4W 07274

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 59 Avon Court
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 13 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 59 Avon Court (If rural give location)
(e) If foreign born, how long in U. S. A.? no years.

3 (a) **FULL NAME** Lloyd R Gates Jr

3 (b) If veteran, name war: no
3 (c) Social Security No. 213-05-9218

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Martin L Gates
6. (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Nov. 20 1897

8. AGE: Years: 42 | Months: 7 | Days: 25 | If less than one day: ____hr. ____min.

9. Birthplace: Balto Md (Town, county, and state)
10. Usual occupation: Bus Chauffeur
11. Industry or business: Balto Transit

FATHER
12. Name: Lloyd R. Gates Sr
13. Birthplace: Wash DC

MOTHER
14. Maiden Name: Ida V. Schell
15. Birthplace: Balto Co Md

16 (a) Informant: Martin L. Gates
(b) Address: 59 Avon Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 40 (month) (day) (year)
(c) Cemetery or crematory: Laurel Ridge
Location: Pikesville Balto Md

18 (a) Funeral director: Geo Jr Little
(b) Address: 2100 Edmondson Ave

19 (a) July 15 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 15 1940, at 4 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Due to	
Coronary Thrombosis	
Due to	
Other conditions	
sudden death	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Injury
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: Car Accident

23. Signature: Geo McKiffen Harris M. D. or other Balto
Address: 1010 Leadon Date signed July 15 1940

RECEIVED
JUL 17 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07275

(83-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Arbutus No. East Drive + Stevens Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Paul C. Gist If U. S. Veteran, specify WAR

(a) Residence: No. East Drive and Stevens Ave St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lottie V. (Grove)

6. DATE OF BIRTH (month, day, and year) Sept 26, 1870

7. AGE: Years 69 | Months 10 | Days 2 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Maintenance Dept

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. C + P. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph M. Gist

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Lottie Gist

(Address) East Drive + Stevens Ave - Arbutus

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Morgan Chapel, Woodbine Date July 31, 1940

19. UNDERTAKER Harry H. Witzke

(Address) 4101 Edmondson Ave

20. FILED July 31, 1940 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to July 28, 1940

I last saw him alive on July 28, 1940; death is said to have occurred on the date stated above, at 6 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with hemiplegia	1938

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? Stetts Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W S Parson M. D.

(Address) Halethorpe, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Med. Ex. Dr Keiffer 2870 Washington Blvd Sil 0185 W

07276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Balto

City or town: Balto Highlands

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: Delaware Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

~~City~~ or town: Balto Highlands Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Delaware Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Dora Greb

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. ~~(a) Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Richard P. Greb

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Sept 30th 1884

8. AGE: Years: about 55 | Months: 9 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Frank Meyberger

13. Birthplace: Balto Md.

MOTHER

14. Maiden name: Mary Feister

15. Birthplace: Balto Md

16. Informant: Richard P. Greb

Address: Lansdowne P.O. Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/22/40 (month) (day) (year)

Cemetery ~~or crematory~~: Holy Redeemer

Location: Balto Md

18. Funeral director: William Cook

Address: 1217 St Paul St

19. July 19 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19th 1940, at about 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Cerebral embolism

Due to: Cardio vascular disease

Due to:

Other conditions: sudden death

(Include pregnancy within 3 months of death) Inquiry

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Geo M Kieffer Dep. Med. Exam. Balto M. D. or other

Address: 1010 Leeds Ave Date signed: July 19 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 22 1940
BUREAU V. S.

VS. A15 (T) MARGIN RESERVED FOR BINDING (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131 ½)

Reg. Dist. No. 37

07277

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Texas (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Baltimore County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yr 3 mo 12 da.

(e) Length of stay in this community (yrs., mos., or days) 13 yr. 3 mo 12 da

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph Griffin

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife ?

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1853

8. AGE: Years 87 Months 5 Days ? If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER 12. Name Joseph Griffin

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Margaret ?

15. Birthplace Penna. —

16 (a) Informant Balto. Co. Home Register

(b) Address Texas - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1940 (month) (day) (year)

(c) Cemetery or crematory Balto. Co. Home Cemetery

Location Texas - Md.

18 (a) Funeral director Landon Brooks

(b) Address Sparks - Md.

19 (a) July 26 1940 (Date rec'd by registrar) (b) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. Date of death July 25 1940, at 7 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1937, to July 25 1940 and that I last saw him alive on July 24 1940

Immediate cause of death Chronic Nephritis — Duration 3 yrs

Due to Arteriosclerosis.

Due to Senility -

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilmer C. Ennis M.D. M. D. or other

Address Cockeysville Md Date signed July 26/40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07278

1. PLACE OF DEATH Falls Road & Pimlico Road (174)

County Baltimore. Registration Dist. No. 32

Village or City ..... No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Palmer W. Harmon U.S. Veteran specify WAR World War

(a) Residence: No. Brooklandville St., ... Ward. ..... If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Harmon

6. DATE OF BIRTH (month, day, and year) Sept 14, 1893

7. AGE	Years	Months	Days	If LESS then 1 day, ... hrs. or ..... min.
	46	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm work.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James T. Harmon.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Cross.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John M. Harmon (Address) 6117 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Bealey Balto Co Md Date July 11, 1940

19. UNDERTAKER Frank H. Newell (Address) Pikesville Md

20. FILED 7/10, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 9 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ~~....., 19....., to ....., 19.....~~

~~I last saw h..... alive on ....., 19.....; death is said~~

to have occurred on the date stated above, at 1-30 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Accidental blown to pieces by dynamite explosion	

Other **Contributory Causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, ~~suicide, or homicide~~? Accident Date of injury 7-9-, 1940

Where did injury occur? Rockland Balt Co Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in quarry

Manner of injury dynamite explosion

Nature of injury blown to pieces

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify see above

(Signed) W. P. C. Myer Deputy M. Ex M. D.

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 6, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 12 1940 LEAU V. L.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

07279

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Sparrows Point Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 424 F. St. Sp. Pt. Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard H Harrison

3. (b) Social Security Number 215-07-4661

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie Harrison
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct 3, 1889

8. AGE: Years 50 | Months 9 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace: Tilman's Island, Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Bethlehem Steel
FATHER
12. Name: Oliver Harrison
13. Birthplace: Unknown
MOTHER
14. Maiden name: Malisse Harrison
15. Birthplace: Tilman's Island, Md
16. Informant: Nellie Harrison
Address: 424 F. St. Sp. Pt. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 29, 1940 (month) (day) (year)
Cemetery or crematory: MORELAND MEMORIAL PARK
Location: Baltimore, Md
18. Funeral director: Durward L. Covington
Address: 21 W. 25th St
19. July 27 1940 (Date rec'd by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, at 8 P. M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__~~
Immediate cause of death: Gastric hemorrhage — DURATION
Due to: Malnutrition — Unknown
Due to: ? general debility
The gastric hemorrhage was due to
Other conditions: gastric ulcer C.W.G.R.
Duration: Unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Cate of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. P. E. Mise Lady M. Ex. M. D. or other
Address: Pikesville Md Date signed: 7-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

07280

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town ~~Essex~~ Lorley, Bond River

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 417 Lehigh Ste

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Joseph Hogan

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28th 1928

8. AGE: Years 12 Months 5 Days 23 If less than one day hrs. min.

9. Birthplace Balto., Co. Md.

(Town, county, and state)

10. Usual occupation Schoolboy

11. Industry or business

FATHER

12. Name John L. Hogan

13. Birthplace Rock Hall, Kent Co. Md.

MOTHER

14. Maiden name Rose Naimaster

15. Birthplace Rossville, Md.

16. Informant Mr. John L. Hogan

Address 417 S. Lehigh Ste.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-24-40 (month) (day) (year)

Cemetery or crematory Moreland Park Cem.

Location Taylor Ave.

18. Funeral director John G. Connelly

Address Essex Md.

19. 7-24-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~

~~and that I last saw h alive on 19~~

Immediate cause of death Accidental drowning

Sause from edges of

Due to boat & ded nat

Due to Comm up.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 7-21-40

Where did injury occur? Essex (City or town) Balto. (County) Md (State)

Injured at home, farm, industry, public place (where?) Bond River

Means of injury drowning Injured at work? No

23. SIGNATURE W. T. O. Myer Dupy M Cex M. D. or other

Address Pikesville Md Date signed 7-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Mrs. Mater
Olive Beast
Oliver
Abbotté

1:35 AX

Chase 2474

RECEIVED
AUG 6 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-G)

07282

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: Oakley

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 920 Leeds av

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Oakley Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 920 Leeds Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella C. Ireland

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John I. Ireland

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 13, 1861

8. AGE: Years: 79 Months: 4 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace: Calvert County (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: retired

FATHER 12. Name: Columbus Dorsey

13. Birthplace: Unknown

MOTHER 14. Maiden name: Caroline Hutchens

15. Birthplace: Unknown

16. Informant: Mrs Edgar Ireland

Address: 926 Leeds Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1, 1940 (month) (day) (year)

Cemetery or crematory: Smithfield Cemetery

Location: Calvert County

18. Funeral director: Raymond Kaufman

Address: 927 Leeds Avenue

19. July 31 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940, at 1-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1 1940 to July 30 1940, and that I last saw her alive on July 30 1940.

Immediate cause of death: uremia — DURATION: 1 wk

Due to: Cardiovascular renal disease — 9 months

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo M Kieffer MD M. D. or other

Address: 2420 Wash Blvd Date signed: July 31, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

07283

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2912 Chenoak Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2912 Chenoak Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Martha R. Jeffers

3. (b) Social Security Number —

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife William W.
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 22 1876
8. AGE: Years 64 Months 9 Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace Rock Raven Balto Co Md (Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Ogden J. Evans
13. Birthplace N.Y.
MOTHER 14. Maiden name Elizabeth Perine
15. Birthplace Balto Co. Md.
16. Informant Mrs. A. H. Senner
Address 3234 Abel Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/8/40 (month) (day) (year)
Cemetery or crematory Fork M.E. Cemetery
Location Fork Md.
18. Funeral director Wm. J. Tickner & Sons.
Address North & Perma. Ave.
19. 7/8 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 6 35 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940 to July 5 1940, and that I last saw her alive on July 4 1940.

Immediate cause of death	DURATION
Gastro-enteritis	5 days
Due to	
Due to	
Other conditions Chr. myocarditis	6 mos.

(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. ~~VIOLENCE: If death was due to external causes, fill in the following:~~
~~Accident, suicide, or homicide~~ Date of
~~Where did injury occur?~~ (City or town) (County) (State)
~~Injured at home, farm, industry, public place (where?)~~
~~Means of injury~~ ~~Injured at work?~~

23. SIGNATURE A. M. Bacon M. D. or other
Address Parkville Date signed

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07284

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town White Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town White Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Virginia Jones

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widow

B (b) Name of husband or ~~wife~~ Randolph R. Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1855

8. AGE: Years 85 Months 4 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Wiseburg, Balto Co. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Samuel Bull

13. Birthplace Wiseburg Balto Co. Md

MOTHER 14. Maiden name Rosanna Wilhelm

15. Birthplace Freeland Balto Co Md

16. Informant R. C. Jones

Address White Hall Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 10 - 1940 (month) (day) (year)

Cemetery or crematory Wiseburg

Location White Hall, Md

18. Funeral director P. Mackliner Sons

Address White Hall Md

19. July 9 1940 M. Bostner M. W. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1938, to July 6th 1940, and that I last saw her alive on July 6 1940.

Immediate cause of death Arterio Sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milton Bostner M. W. M. D. or other

Address White Hall Md Date signed July 9 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07285

1. PLACE OF DEATH (93d)

County Third Ave. Harford Road. Registration Dist. No. 38

Village or City Balto. County. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lorretta Kegler. If U. S. Veteran, specify WAR

(a) Residence: No. Third Ave. & Harford Road. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Kegler

6. DATE OF BIRTH (month, day, and year): Aug. 2 1872

7. AGE: Years 67 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore MD.

FATHER

13. NAME: Patrick Fahey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Baldwin

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT (Address): Anna Doris Lilley Harford & Third Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: 7 17 40, 19

19. UNDERTAKER (Address): Leonard J. Rush 5305 Harford Road

20. FILED July 16, 1940 A M Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7/14/40 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to 7/14/40, 19

I last saw her alive on 7/14, 1940, death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio	
Vascular Disease	

Other Contributory Causes of Importance: Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hyde W. Folley M. D.

(Address) 5103 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County Balto
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 43 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Rural near Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Vet. no war

3. (a) FULL NAME Frank ~~Kerschner Jr~~ Frank Kerchner Jr
3. (b) Social Security Number 213-07-5071

4. Sex Mdes
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Maud Bell Kerchner
6(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Feby 1896

8. AGE: Years 43 | Months 4 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation Steel Worker
11. Industry or business Bethlehem Steel Wks
FATHER
12. Name Frank J. Kerchner
13. Birthplace Balto
MOTHER
14. Maiden name Dont know
15. Birthplace Baltimore
16. Informant Mrs Maud Kerchner
Address Dundalk Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9/1940 (month) (day) (year)
Cemetery or crematory Baltimore Nat
Location Catonsville Md
18. Funeral director John Ullrich
Address 2008 Orleans St
19. July 9th 1940 (Date rec'd by registrar) Milton W Simmons Local Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940 at 10.40 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___~~
Immediate cause of death Coronary thrombosis
Due to Cardio Vascular disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O'Nyse Deputy M Tex M. D. or other
Address Pikesville Md Date signed 7-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51B)

07287

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Balto

City or town: Dundalk
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 125 Patapsco Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No. 125 Patapsco Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Beverly E. King

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	married

6.(b) Name of husband or wife: Mary R. Davis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 11 – 1885

8. AGE:

Years	Months	Days	If less than one day
55	5	17	..... hrs. ..... min.

9. Birthplace: W. Va
(Town, county, and state)

10. Usual occupation: Real Estate

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mrs. Mary R. King

Address: 125 Patapsco Ave.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 7-31-40
(month) (day) (year)

Cemetery or crematory: Sacred Heart of Mary

Location: O'Donnelly Sta. Rd.

18. Funeral director: John G. Connelly

Address: Essex, Md.

19. 7/31 1940
(Date rec'd by registrar)

Thelma M. Munson
Local Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28th 1940, at 11:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1939, to July 1940 and that I last saw him alive on July 19 1940

	DURATION
Immediate cause of death: Renal Failure	6-8 hours
Due to: Obstruction at vesical neck	24 hours
Due to: Carcinoma of Prostate c̄ metastases to spine	12-18 mo.
Other conditions: Arteriosclerosis	15 years
Chronic Myocarditis	1 year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Frank Hollander M.D.
M. D. or other

Address: 9 Dundalk Ave. Date signed: July 30, '40

W. McCarmond, Reg.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

07288

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or insf. (yrs., or mos., or days): 15 yrs. 11mos. 27days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3304 Dupont Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John J. Kifchner, Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 25, 1918

8. AGE:

Years	Months	Days	If less than one day
21	11	5	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Inmate Rosewood School

11. Industry or business

FATHER
12. Name: John J. Kirchner
13. Birthplace: Maryland

MOTHER
14. Maiden name: Catherine Sammeth Kirchner
15. Birthplace: Maryland

16. Informant: Institutional records
Address: Owings Mills, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/22/40 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cem.

Location: Belto. City

18. Funeral director: C. Vernon Lemmon

Address: 4611 Park Heights

19. July 20 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1940, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to July 20 1940, and that I last saw him alive on July 20 1940.

	DURATION
Immediate cause of death: Acute enterocolitis (Epileptic amentia)	5 days
Due to: Congenital	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Harry G. Eckler, M.D.
M. D. or other

Address: Owings Mills, Md Date signed 7/20/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-2

07289

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Middle River
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Eastern Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Old Eastern Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fred G. Lambert

3. (b) Social Security Number: 213-07-5673

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isabelle A. Lambert

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 25, 1893

8. AGE: Years 46 | Months 10 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Kentucky
(Town, county, and state)

10. Usual occupation: Helper Nail Mill

11. Industry or business: Bethlehem Shipbuilding Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Isabelle A. Lambert,
Address: Middle River, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9, 1940 (month) (day) (year)

Cemetery or crematory: Ebenezer Cemetery

Location: Middle River, Md.

18. Funeral director: Lassahn Funeral Home

Address: 7401 Belair Road

19. 7-8- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940, at 11:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to July 1940 and that I last saw him alive on July 5 1940.

Immediate cause of death: Acute pulmonary edema — DURATION ½ hour

Due to: Cardiac decompensation — 10 days

Due to: Ayerza's Disease — 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George H. Davis M. D.
M. D. or other

Address: Essex, Md Date signed 7/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 11
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

07290

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Sparrows Pt

City or town Balto Co

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Sparrows pt Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Thore

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Louise Lenning

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis J Lenning

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 10 - 1881

8. AGE: Years 58 | Months 9 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER

12. Name: Conrad Knierim

13. Birthplace: Germany

MOTHER

14. Maiden name: Elizabeth Diller

15. Birthplace: Germany

16. Informant: Mrs Lula Meitelin

Address: Box 253 Sparrows Pt Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 - 1940 (month) (day) (year)

Cemetery or crematory: Mount Carmel Cem

Location: Baltimore

19. Funeral director: John Ullrich

Address: 2008 Orleans St

19. July 30 - 1940 (Date rec'd by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 29 1940, and that I last saw her alive on July 29 1940.

Immediate cause of death: Bronchial Pneumonia

Orthostatic (Bed-ridden for 3 mo) — DURATION 7 dys

Due to Diabetes Mellitus — 1933

Hypertension, Nephritis — 1933

Due to Hemiplegia — 1937

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy NV

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Harry Ladme M. D. or other

Address 4930 Belair Rd Date signed July 29, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (1) (M)

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07291

1. PLACE OF DEATH (740)

County Balto. Co. Registration Dist. No. 42

Village or City Halethorpe, Md. No. Washington Blvd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Link If U. S. Veteran, specify WAR None

(a) Residence: No. Washington Blvd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Link

6. DATE OF BIRTH (month, day, and year) Oct/10-1862

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sand & Gravel Co

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Baltimore Co (State or country) Md

FATHER

13. NAME Adam Link

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Simmons

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna Link (daughter) (Address) Washington Blvd, Halethorpe, Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date July 23/40

19. UNDERTAKER Joseph Jourdens Son (Address) 217 S. Paca Street

20. FILED July 22, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1938, to July 21, 1940

I last saw him alive on July 20, 1940; death is said to have occurred on the date stated above, at 1:55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Sudden
Cholecystitis Acute	7/19/40

Other Contributory Causes of importance:

Gout Chronic	5 years ago

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Frederick Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, shock, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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JUL 29 1927
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-a)

07292

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs., 0 mos., 22 days

Hospital, Institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 6 years., 0 mos.., 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 720 N. Rose Street (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Frank Lombardo

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Jennie Candela

Sicily 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April, 1849

8. AGE: Years	Months	Days	If less than one day
91	3		hrs. min.

9. Birthplace: Sicily (Town, county, and state)

10. Usual occupation: Shoemaker

11. Industry or business:

FATHER 12. Name: Unknown

FATHER 13. Birthplace: Sicily

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Sicily

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31-1940 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Belair Rd.

18. Funeral director: Paul Vigliato Inc

Address: 1546 N. Gay St

19. 7/29 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28, 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to July 28, 1940

and that I last saw him alive on July 28, 1940

Immediate cause of death	DURATION
Chronic myocarditis	Before 1936
Due to: Coronary and generalized arteriosclerosis	Before 1936
Due to: Chronic interstitial nephritis	Before 1936
Other conditions: Senile dementia	Before 1932

(Include pregnancy within 3 months of death)

Major findings of operations: No

Date of op.:

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp, M. D. or other

Address: Spring Grove Hospital Date signed: 7/29/40

DEPUTY LOCAL

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 41

07293

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Colgate (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 8018 Eastern Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Colgate (If outside city or town limits, write RURAL and give town)

(d) Street No. 8018 Eastern Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Elsie Marotz

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Julius F.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1857

8. AGE: Years 82 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Joseph Meisenhalder

13. Birthplace Germany

MOTHER 14. Maiden Name Not Known

15. Birthplace " "

16 (a) Informant Mrs. Anna H. Ortel

(b) Address 8018 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway.

19 (a) July 22, 1940 (Date rec'd by registrar) (b) Milton W. Wilson deputy local Registrar

MEDICAL CERTIFICATION

20. Date of death July 20 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 20 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death Cerebral apoplexy — Duration 1 wk

Due to Arteriosclerotic Cardio vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Baumgardner M.D. M. D. or other

Address Rosedale Md Date signed 7/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-1) Reg. Dist. No. 39

CERTIFICATE OF DEATH

07294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sweet Air (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sweet Air (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caleb Howard Marshall

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estella Curtis Marshall

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) April 4, 1871

8. AGE: Years 69 Months 3 Days 4 If less than one day ____hr. ____min.

9. Birthplace Marshallton, Penna. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Richard H. Marshall
13. Birthplace Penna.

MOTHER
14. Maiden Name Anna B. Temple
15. Birthplace Penna.

16 (a) Informant Wayne Marshall
(b) Address Sweet Air, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Fairview Methodist
Location Sunnyfields, Maryland.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) 7/9/40 (Date rec'd by registrar) (b) Anna Price Registrar

MEDICAL CERTIFICATION

20. Date of death July 8, 1940 at 2:35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1940 to July 8 1940 and that I last saw him alive on July 7 1940

Immediate cause of death	Duration
Congestive Heart Failure	8 days.
Due to Myocardial degeneration of yrs.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Hudson M. D. or other
Address Fork, Md. Date signed 7/8/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(942)

07295

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years, 3 months, 8 days

Hospital, Institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 4 years, 3 months, 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 516 Woodbourne Avenue (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Ida B. Maxwell

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 10, ~~1866~~ 1865

8. AGE: Years	Months	Days	If less than one day
74~~75~~	6	25	hrs. min.

9. Birthplace: Cumberland, Md. (Town, county, and state)

10. Usual occupation: Music teacher

11. Industry or business: Private

FATHER 12. Name: Robert Maxwell

FATHER 13. Birthplace: Cumberland, Md.

MOTHER 14. Maiden name: Mary Lindenberger

MOTHER 15. Birthplace: Unknown

16. Informant: Hospital records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 8, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Md.

18. Funeral director: E. Willis Hammond

Address: 1003 W. Baltimore St.

19. 7/6 19 40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5, 1940, at 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27, 1936, to July 5, 1940

and that I last saw h..er alive on July 5, 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to: Cerebral arteriosclerosis	
before	1936
Due to: Coronary and generalized "	"
arteriosclerosis	
Other conditions: Senile psychosis "	"

(Include pregnancy within 3 months of death)

Major findings of operations: no

Date of op.

Autopsy results: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 7-5-40

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JUL 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07296

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown, md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) About 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Reisterstown, md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 340 Main St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sara Catherine Trout McCoy.

3. (b) Social Security Number none.

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married~~, widowed, ~~or divorced~~: widowed

6 (b) Name of husband or wife Edward F. McCoy. Deceased 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 13, 1860

8. AGE: Years 80 Months 1 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation House work

11. Industry or business —

FATHER

12. Name Trout

13. Birthplace dont know.

MOTHER

14. Maiden name Sarah Cromwell

15. Birthplace dont know.

16. Informant Miss Grace McCoy.

Address Reisterstown, md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 9, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ London Park Cemetery

Location Frederick Ave. Balto.

18. Funeral director Wm. Berryman & Sons

Address Reisterstown, md.

19. July 8 1940 (Date of duty registrar) L. Frank Mathews Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/1936, to 7/6/1940, and that I last saw her alive on 7/6/1940.

Immediate cause of death: myocarditis (chronic) Decompensating — DURATION: 2 yrs

Due to hypertension

Due to arteriosclerosis

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE James G. Saffell M. D. or other

Address Reisterstown, Md. Date signed 7/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07297

131-a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 41

Village or City Dundalk — No. 1822 Maycroft ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Theresa Margaret McKeown If U.S. Veteran specify WAR

(a) Residence: No. 1822 Maycroft ave St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of James Edward McKeown

6. DATE OF BIRTH (month, day, and year) Sept 28 1898

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, hrs. or min.
	41	9	15	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Laundry Lady

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Camp Holabird

10. Dete deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) Baltimore (Stete or country) Maryland

FATHER

13. NAME John Joseph Novak

14. BIRTHPLACE (city or town) (Stete or country) Poland

MOTHER

15. MAIDEN NAME Margaret Fialewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Joe Novak Jr. (Address) 2 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Mary Dete 7/16, 1940

19. UNDERTAKER John J. McElroy (Address) 401 S. Chester st

20. FILED 7/15, 1940 Melvin M. Knudson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jul. (Month) 13th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, to Jul 13th 40, 19

I last saw her alive on Jul 13th 40; deeth is seid to heve occurred on the dete stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:

	Date of onset
Hypertension	1938

Other Contributory Causes of imprtance: Hypertensive Hypokritis

Neme of operetion Dete of

What test confirmed diagnosis? Clinical Was there an eutopsy? No

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Wes diseese or injury in eny wey reteted to occupetion of deceesed? No

If so, specify

(Signed) J. Hulla Md M. D.

(Address) 2214 Efayette St.

If more blanks are needed, address State Registrar, 2401 Ch... Street, Baltimore, Requesting U. S. No. 1.

D. McCarrine, Reg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

BROOKLYN HILL
JUL 17 1940
BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07298

1. PLACE OF DEATH (159) deduct

County Balt. Registration Dist. No. ~~25~~

Village or City Lansdowne No. American ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James W. Meushaw Jr. If U. S. Veteran, specify WAR

(a) Residence: No. American ave. Lansdowne Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 14/40

7. AGE Years | Months | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansdowne Balto Co. Md.

FATHER

13. NAME Jas. W. Meushaw

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Teresa Latham

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT (Address) Jas. W. Meushaw (Father) Lansdowne

18. BURIAL, CREMATION, OR REMOVAL Place Holycross Cem. a.a. Date July 17, 1940

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light St.

20. FILED July 16, 1940 Ida M. Whitson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1940, to July 16, 1940

I last saw him alive on July 16, 1940; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature birth	6 1/2 mo

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. B. Whelitt M. D.

(Address) 1279 Fulham Pl.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 72-C

Reg. Dist. No. 44 07299

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore Co.
(b) City or town Essex Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Cornelius Mock

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Virgie E. Mock
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1889

8. AGE: Years 51 | Months 5 | Days 22 | If less than one day ____hr. ____min.

9. Birthplace Fairfax Co. Va.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name George Mock
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Jackson
15. Birthplace Va.

16 (a) Informant Mrs. Virgie E. Mock
(b) Address Manassas. Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 14-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director W. W. Chambers Co.
(b) Address 512 11th St. N.W. D.C.

19 (a) 7-14-40 (Date rec'd by registrar) (b) John E. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death July 14 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to July 14 1940, and that I last saw him alive on July 14 1940.

Immediate cause of death	Duration
Chronic Myocardial failure	
Due to Chronic Rheumatic endocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 7/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1940
BUREAU V. M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07300

1. PLACE OF DEATH

County: Baltimore (92-1) Registration Dist. No. 44

Village or City: Turner's Sta. Balnew Md. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catharine Moran

(a) Residence: No. Turner's Sta. Balnew Md. St., ____ Ward

(Usual place of abode). If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Herbert Moran

6. DATE OF BIRTH (month, day, and year): Jan. 26, 1891

7. AGE: Years 49 Months 6 Days 1 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): April 1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Sparrows Pt. Md.

FATHER

13. NAME: Anthony Thomas

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Annie Green

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): J. H. Thomas 1012 S St Sparrows Pt Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: July 31, 1940

19. UNDERTAKER (Address): Mrs Ida Bailey 1421 Jefferson St.

20. FILED: July 30, 1940 Dawson T. Harbo Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 27, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1940, to July 27, 1940

I last saw her alive on July 27th, 1940; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7/25/40

Other Contributory Causes of importance:

Chronic Valvular Heart Disease — Unknown

Acute Arthritis — 3 wks

Name of operation: None Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Jos. H. Thomas M. D.

(Address) 1012 S St Sparrows Pt. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

073011

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Baltimore

City or town: Catonsville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: 17 Ingleside Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 17 Ingleside, Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Caroline Christina Myers

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Harry F. Myers

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Jan. 1, 1870

8. AGE:

Years	Months	Days	If less than one day
70	6	7	____ hrs. ____ min.

9. Birthplace: Catonsville, Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business:

FATHER

12. Name: George Hoerl

13. Birthplace: Germany

MOTHER

14. Maiden name: Caroline C. Stengel

15. Birthplace: Germany

16. Informant: Harry F. Myers

Address: 17 Ingleside, Ave, Caton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-11-40 (month) (day) (year)

Cemetery or crematory: Salem Cemetery

Location: Catonsville, Md

18. Funeral director: Easton Sons

Address: Ellicott City, Md.

19. 7/11 (Date rec'd by registrar) 1940 Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July - 8 - 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-10 1937 to 7-8 1940

and that I last saw her alive on 7-8 1940

Immediate cause of death	DURATION
Coronary Embolism	11 days
Due to Cardio-Renal Vascular Disease	3 yrs
Due to Hypertension	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George C. Myers M. D. or other

Address: 803 Frederick Rd Catonsville, Md. Date signed:

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

07302

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town White Hall - Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 80 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James A. Nelson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 14 - 1853

8. AGE:

Years	Months	Days	If less than one day
87	3	20	____ hrs. ____ min.

9. Birthplace White Hall Md (Town, county, and state)

10. Usual occupation Farmer —

11. Industry or business

FATHER

12. Name Jacob Nelson

13. Birthplace Balt. Co Md

MOTHER

14. Maiden name Susan Plowman

15. Birthplace Baltimore Co Md

16. Informant Mrs. Elizabeth Burns

Address White Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6 - 40 (month) (day) (year)

Cemetery or crematory White Hall

Location Vernon

18. Funeral director P. Mackelvan Sons

Address White Hall Md

19. July 6 1940 (Date rec'd by registrar) Melvin Bortner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 17 1939, to July 4 1940, and that I last saw him alive on July 4 1940

Immediate cause of death Carcinoma of Colon — DURATION 3/16/39

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of colon

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Chas C. Ayres MD M. D. or other

Address White Hall Date signed 7/4/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07303

Reg. Dist. No. 32

VS A 15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs., 0 mos., 13 das.

Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 0 yrs., 0 mos., 13 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 422 E. 22nd Street (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Edna M. Norris

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John W. Norris

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): May 30, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	25	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: James H. Bull

13. Birthplace: Maryland

MOTHER

14. Maiden name: Annie Forest

15. Birthplace: Maryland

16. Informant: Eleanor Pearson

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 27, 1940 (month) (day) (year)

Cemetery or crematory: Parkwood Cemetery

Location: Baltimore, Maryland

18. Funeral director: Leonard J. Ruck

Address: 5305 Harford Ave., Baltimore, Md.

19. July 25, 1940 (Date rec'd by registrar) J. Hooke Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25, 1940 at 8:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12, 1940, to July 25, 1940 and that I last saw her alive on July 24, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	Unknown
Tuberculous Enteritis	Unknown

(Include pregnancy within 3 months of death)

Major findings of operation: No operations

Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M.D. or other

Address: Mt. Wilson, Md. Date signed: 7/25/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73rd)

CERTIFICATE OF DEATH

07304

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 9 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Essex Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Fredie Harrison Norton

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bessie Dean Norton
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Aug 28 - 1882

8. AGE:

Years	Months	Days	If less than one day
57	11	26	____ hrs. ____ min.

9. Birthplace: South Carolina (Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business

FATHER
12. Name: Alexander Norton
13. Birthplace: South Carolina

MOTHER
14. Maiden name: Mary Harrison
15. Birthplace: South Carolina

16. Informant: Frank A. Norton
Address: Essex Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: July 24 - 40 (month) (day) (year)
Cemetery or crematory: Guyton Gen. Georgia
Location:

18. Funeral director: Silly & Zeiler Inc.
Address: 403 S. Wolfe St.

19. July 24 19 40 (Date rec'd by registrar) J. S. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1940, at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to July 23 1940, and that I last saw him alive on July 23 1940

Immediate cause of death	DURATION
Cerebral Apoplexy	1 wk
Due to Arteris-Sclerotic Cardio-Vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G. M. Baumgardner M. D. or other
Address: Rosedale Md. Date signed: 7/24/40

RECEIVED
AUG 6 1940
BUREAU V. S.

07305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Villa Maria, Notch Cliff
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Notch Cliff Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sister Mary Canisia O'Connell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 13, 1863

8. AGE:

Years	Months	Days	If less than one day
77	4	3	hrs. min.

9. Birthplace: Cork County, Ireland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: John O'Connell
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Welch
15. Birthplace: Ireland

16. Informant: Sr. M. Peter Fouries

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 19th 1940 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M Fink Bur

Address: 811 H Wolfe St

19. 7/18/40 (Date rec'd by registrar) 19 W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to July 1940, and that I last saw her alive on July 16 1940.

Immediate cause of death: Myocardial decompensation

Due to

Due to: Arteriosclerosis
Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edw S Green M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

07306

CERTIFICATE OF DEATH

Reg. Diat. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Overlook Ave., Relay Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 77 days

Stay in this community (yrs., or mos., or days): Many years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: XXXXXXXX

City or town: Baltimore Ward No.

(If outside city or town limits write RURAL NEAR and give town)

Street No.: 13 E. Franklin St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Katherine Wilson Overington (Katherine Rebecca Wilson Overington)

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8 (b) Name of husband or wife: John Overington

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 25th 1864

8. AGE:

Years	Months	Days	If less than one day
76	0	22	____ hrs. ____ min.

76 years 2 days

9. Birthplace: Maryland, Boonsboro (Town, county, and state)

10. Usual occupation: House-wife

11. Industry or business

FATHER 12. Name: Henry B. Wilson

13. Birthplace: Winchester, Va.

MOTHER 14. Maiden name: Ellen Kennedy

15. Birthplace: Maryland

16. Informant: Robert B. Overington (Son) Address: Lourel, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 20, 1940 (month) (day) (year)

Cemetery or crematory: Trinity Church Cem

Location: Philadelphia Pa.

18. Funeral director: Wm. J. Tickner & Sons, Inc.

Address: North & Pa. Aves.

19. July 18 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17th 1940, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1940 to July 17th 1940

and that I last saw h- alive on July 17th 1940

Immediate cause of death	DURATION
Cerebral thrombosis	3 mos
Due to: Cerebral arteriosclerosis	Several yrs
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lewis P. Tuley M.D. or other

Address: Relay, Md. Date signed 7/19/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

073117

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Training School
Stay in hospital or inst. (yrs., or mos., or days): 11 months, 7 days
Stay in this community (yrs., or mos., or days): 11 months, 7 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Saint Mary's
City or town: Medley's Neck Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Francis Owens

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 5, 1929

8. AGE: Years	Months	Days	If less than one day
11	0	3	hrs. min.

9. Birthplace: Medley's Neck, St. Mary's Co., Maryland (Town, county, and state)
10. Usual occupation: Rosewood State Training School
11. Industry or business

FATHER
12. Name: William Owens
13. Birthplace: Medley's Neck, Maryland

MOTHER
14. Maiden name: Essie Downs
15. Birthplace: Medley's Neck, Maryland

16. Informant: Rosewood State Training School records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9 1940 (month) (day) (year)
Cemetery or crematory: Brady's Chapel
Location: Medley's Neck Leonardtown
18. Funeral director: Jos. C. Mattingly
Address: Leonardtown, Md

19. July 8 1940 (Date received by registrar) J. Frank Wolfe Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940, at 6:40 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 7, 1940, to July 8, 1940, and that I last saw him alive on July 8, 1940.

Immediate cause of death	DURATION
Status Epilepticus	18 hours
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harry G. Butler M.D.
M. D. or other
Address Owings Mills, Md. Date signed 7/8/40

RECEIVED
AUG 2
U. S.

07308

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr + 1 mo + 16 da

Hospital, institution, or street address where death occurred: Spring Grove State Hospt

How long in hospital or institution? 1 yr + 1 mo + 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Baltimore County: Maryland

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3214 Clarinda, Ave

(If rural, give LOCATION)

2.(a) If veteran, name war ? none

3. (a) FULL NAME Mr. Anthony Palantrano Palantrano

3. (b) Social Security Number none

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: late AGATA PALANTRANO

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 17 1864

8. AGE: Years 76 | Months 5 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Italy (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: R. R. (pa.)

FATHER

12. Name: Santos Palantrano

13. Birthplace: Italy

MOTHER

14. Maiden name: ?

15. Birthplace: Italy

16. Informant: Mecards S. G. S. Hospt.

Address: Catonsville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: July 12 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore Md. NOCE

18. Funeral director: Frank Della Noce

Address: 52 N. Morley St.

19. 7/10 1940 (Date rec'd by registrar) DEPUTY LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-9-1940 at 5:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-3-1940 to 7-9-1940 and that I last saw him alive on 7-9-40 19

Immediate cause of death	DURATION
1. Acute Cardiac Dilatation	1 hr.
Due to: Arteriosclerosis + Syphilis	Over 1 yr.
Due to:	
Other conditions: General parisis	Over 1 yr.

(Include pregnancy within 8 months of death)

Major findings of operations: NO

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner M. D. M. D. or other

Address: Spring Grove State Hospt Catonsville, Md Date signed 7-9-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

CERTIFICATE OF DEATH

07309

Reg. Dist. No. ~~9~~ 38

1. PLACE OF DEATH:

County Baltimore

City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 23 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Arbutus Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John McGill Palmer

3. (b) Social Security Number ~~[illegible]~~ 262-01-5248

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 27, 1908

8. AGE: Years 32 Months 2 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual occupation Aircraft Mechanic

11. Industry or business Aircraft Factory

FATHER
12. Name William P. Palmer
13. Birthplace Maryland

MOTHER
14. Maiden name Marcia Swormstedt
15. Birthplace Maryland

16. Informant Personal History-Hospital Records

Address Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15th 1940 (month) (day) (year)

Cemetery or crematory Friends

Location Sandy Spring, Montgomery Co., Md.

18. Funeral director Wm. J. Tickner & Sons.

Address

19. July 14 1940 [illegible] Van Horn Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 1:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1940 to July 11 1940, and that I last saw him alive on July 11 1940.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION Jan 1939

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. A. Bridges M. D. or other

Address Towson, Md. Date signed 7-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: Balto

County Freeland

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore.

City or town Rural near Freeland. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Middletown.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy Louise Parks

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1940.

8. AGE: Years 3½ mos | Months 3 | Days 15 | If less than one day hrs. min.

9. Birthplace New Freedom, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Linwood Parks.
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden name Leona Frances Spicer.
15. Birthplace Balto. Co., Md.

18. Informant John L. Parks.
Address Freeland, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 6, 1940. (month) (day) (year)

Cemetery ~~or crematory~~ Middletown

Location Freeland, Md. R.D.

18. Funeral director Jacob Hartenstein

Address New Freedom, Pa.

19. July 4 1940 (Date rec'd by registrar) Samuel S. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 12-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~ 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Accidental Suffocation

Due to: Suffocation in bed

Due to: While asleep

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 7-3-40

Where did injury occur? Freeland (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Suffocation Injured at work? No

23. SIGNATURE W. P. E. Mason Dep. M. E. M. D. or other

Address Pikesville Md Date signed 7.3.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-a)

CERTIFICATE OF DEATH

07311

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Carney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Carney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Joppa Road & Oak Summit Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marion Ellwood Parlett

3. (b) Social Security Number: 212098150

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Agnes Cecelia Parlett
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 23rd. 1906

8. AGE:

Years	Months	Days	If less than one day
34	3	5	hrs. min.

9. Birthplace: Fullerton, Balto. Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Crown, Cork & Seal Co.
FATHER 12. Name: John Wesley Parlett
13. Birthplace: Unknown
MOTHER 14. Maiden name: Lydia Burton
15. Birthplace: Balto. Co. Md.
16. Informant: Raymond G. Parlett
Address: Glen Arm Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31st 1940 (month) (day) (year)
Cemetery or crematory: Moreland Memorial Park
Location: Baltimore Co. Md.
18. Funeral director: Lassahn Funeral Home
Address: 7401 Belair Road
19. 7-28-40 (Date rec'd by registrar) W. M. Hamm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28th. 1940, at 3.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 28 1940, and that I last saw h[illegible] alive on July 28 1940.

Immediate cause of death	DURATION
Pulmonary edema	1 hour
Due to myocarditis, acute.	3
Duration, four hours. C.W.S.R.	
Due to Essential Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harold H. Burns M.D.
M. D. or other
Address: 8100 Harford Rd Date signed 7/28/40

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 F)

07312

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Reisterstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Near Reisterstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME David Parrott

3. (b) Social Security Number 218-09-3835

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Lottie Parrott

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 23 1886

8. AGE:

Years	Months	Days	If less than one day
54	4	8	..... hrs. ..... min.

9. Birthplace Harford Co.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Eli Parrott
13. Birthplace Va.

MOTHER
14. Maiden name Hannah Chambers
15. Birthplace Harford Co.

16. Informant Lottie Parrott

Address Reisterstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof July 4, 1940
(month) (day) (year)

Cemetery or crematory St. Lukes

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. July 3 1940
(Date rec'd by registrar)

J. Frank Nuhe M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940 at 6 40 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to July 1 1940 and that I last saw him alive on June 23 1940

Immediate cause of death Carcinoma of Liver

DURATION ?

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. F. Emshal M.D.
M. D. or other

Address Reisterstown, Md. Date signed 7-2-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 07313 3e

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year, 7 mos., 13 days
Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
How long in hospital or institution? 1 year, 7 mos., 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Unknown
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Joseph Pernicka

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
57			hrs. min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Unknown
11. Industry or business: Unknown

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address:

17. (Burial, cremation, or removal. Which?) Burial Date thereof 7/24/40 (month) (day) (year)
Cemetery or crematory: Spring Grove State Hosp
Location: Catonsville Md
18. Funeral director: Spring Grove State Hosp
Address: Catonsville Md

19. (Date rec'd by registrar) 7-24-1940 Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20, 1940, at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7, 1938, to July 20, 1940 and that I last saw him alive on July 20, 1940

Immediate cause of death		DURATION
Hypertensive heart disease	Before	1938
Due to: Generalized arterio-sclerosis	Before	1938
Due to: Chronic interstitial nephritis	Before	1938
Other conditions: Manic depressive psychosis	Before	1938

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results: As given above.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other
Address: Spring Grove Hospital Date signed: 7/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

37-C

07314

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County Balto.

City or town Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Penwood Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Penwood Terrace
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mae L. Phillips

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Chas. F. Phillips

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 11th 1888

8. AGE:

Years	Months	Days	If less than one day
52	2	2	____ hrs. ____ min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER

12. Name Alpheus Warren

13. Birthplace Unknown

MOTHER

14. Maiden name Belle Shirk

15. Birthplace Unknown

16. Informant Mrs. Geo. E. Hammond

Address Penwood Ave Sparrows Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16th 1940 (month) (day) (year)

Cemetery or crematory Greenwood Cem.

Location Zanesville Ohio

18. Funeral director Lassahn Funeral Home

Address 7401 Belair Rd.

19. July 13. 1940 (Date rec'd by registrar) Dawson T. Furby Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1940, at 2.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937 to July 12 1940, and that I last saw her alive on July 12 1940

Immediate cause of death	DURATION
(a) Bronchopneumonia	3 days.
Due to (b) Post Encephalitic Parkinsonianism	12 yrs.
Due to (c)	
Other conditions Decubitus Ulcers.	1 month

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis N. Tollie M.D.
M. D. or other

Address Sparrows Pt. Md. Date signed 7/13/40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

07315

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

~~City~~ or town: Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Home

Stay in hospital or inst. (yrs., or mos., or days): 20 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rosedale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Valley Phillips

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Sept. 17 - 1862

8. AGE: Years: 87 Months: 9 Days: 23 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm Laborer

FATHER

12. Name: John Phillips

13. Birthplace: ?

MOTHER

14. Maiden name: Barba ?

15. Birthplace: ?

16. Informant: Balto. Co. Home Register

Address: Texas Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 12-1940 (month) (day) (year)

Cemetery or crematory: Baltimore County Home

Location: Texas Maryland

18. Funeral director: Landon M. Brooks

Address: Sparks Maryland

19. July 11 1940 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 10 1940 and that I last saw him alive on July 10 1940.

Immediate cause of death: Chronic Tabular Endocarditis — DURATION: 1 mo.

Due to: Chronic Nephritis

Due to: Alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D. M. D. or other

Address: Cockeysville Md. Date signed: July 11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07316

83-C

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Chase Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Pitts If U. S. Veteran, specify WAR

(a) Residence: No. Chase Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Pitts

6. DATE OF BIRTH (month, day, and year): Sept 6, 1881

7. AGE: 58 Years | Months: 10 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John W. Reed

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): George Pitts Chase Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sharp St. Cem. Date: July 31, 1940

19. UNDERTAKER (Address): Mrs. R. G. Elliott & Daughter 1129 N. Caroline Street

20. FILED 7-30, 1940 John D. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 27, 1940

I last saw her alive on July 25, 1940; death is said to have occurred on the date stated above, at 11:20 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	July 22, 1940
Cerebral Thrombosis	Jan 1940
Hemiplegia Lt	Jan 1940

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George A. Davis M. D.

(Address) Essex, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163 M) BC

07317

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County Balto
City or town Dundalk Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1116 Waterview ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John B. Poturalski (Fisher)

3. (b) Social Security Number 216-03-7829 (Poss.)

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 6 1909
8. AGE: Years 31 Months 1 Days 25 If less than one day hrs. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Michael Poturalski
13. Birthplace Poland
MOTHER 14. Maiden name Veronica Twardowski
15. Birthplace Poland
16. Informant Frank Poturalski (Brother)
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/3/40 (month) (day) (year)
Cemetery or crematory Holy Rosary
Location Baltimore County
18. Funeral director John M. Weber
Address 401 S. Chester St
19. 8/1 1940 (Date rec'd by registrar) Milton M. Wilson Local Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at ? A M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~
Immediate cause of death Suicide
Carbon Monoxide
Due to Asphyxiation
Due to in Auto
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
~~Accident~~, suicide, ~~or homicide~~ Date of 7-31-40
Where did injury occur? Dundalk (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Carbon Monoxide Injured at work? No

23. SIGNATURE W. P. O. Mse Dep'y M Tex M. D. or other
Address Pikesville Md Date signed 7-31-40
W. McCarmine Reg

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

07318

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Lutherville Baltimore County

City or town Lutherville, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Brooklandwood

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State California County Los Angeles County

City or town Beverly Hills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 508 N. Sierra Drive

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Frederick Donovin Preston

3. (b) Social Security Number OA-C721 ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Minerva H. Preston

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 26, 1877

8. AGE: Years	Months	Days	If less than one day
63	2	6	hrs. min.

9. Birthplace New York City, N.Y. (Town, county, and state)

10. Usual occupation Manager Emerson Drug Co

11. Industry or business Drug Co. Los Angeles

FATHER 12. Name William R. Preston

13. Birthplace Camden, N.Y.

MOTHER 14. Maiden name Rebecca Duncan

15. Birthplace Evansville, Indiana

16. Informant Minerva H. Preston, Wife

Address 508 N. Sierra Drive, Beverly Hills, Calif.

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 31 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Sleepy Hollow Cemetery

Location N. Tarrytown N.Y.

18. Funeral director Henry W. Jenkins Sons Co

Address McCulloh & Orchard Sts

19. July 3rd 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1940, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9th 1940, to July 2nd 1940, and that I last saw h[illegible] alive on July 2nd 1940.

	DURATION
Immediate cause of death: Uremia	3 days
Due to Chronic Arteric-Sclerosis with arterio-Sclerotic Nephritis or Arterial Hypertension	6 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Wm M. Dabney M.D.

M. D. or other

Address Ruxton, Md. Date signed July 2nd 1940

Q 259 Q. 314

RECEIVED
JUL 10 1940
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

07319

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rolling Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 629 Denison St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph O Quirk

3. (b) Social Security Number 215-09-9613

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Mrs Frances Babylon Quirk

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-21-1909

8. AGE: Years 30 Months 6 Days 19 If less than one day hrs. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation Foreman

11. Industry or business Meat Packing Plant

FATHER 12. Name Thomas

13. Birthplace Md

MOTHER 14. Maiden name Mary L Bryan

15. Birthplace Md

16. Informant Elizabeth L. Geilfuss

Address 2801 Mosher St

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7-13-40 (month) (day) (year)

Cemetery or crematory Cathedral Cem

Location Balto Md

18. Funeral director Guy A Farley

Address Catonsville

19. 7/12 1940 (Date rec'd by registrar) H L Anderson Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940 at 12:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Fractured Skull

Due to (head crushed)

Due to Run automobile into pole on road

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 10 40

Where did injury occur? Catonsville (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) public road

Means of injury Automobile Injured at work?

23. SIGNATURE Geo M Kieffer Dep Med Exam A Balto

Address 1010 Leeds av Date signed July 12 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JUL 19 1940
U. S.

07320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto.

City or town: Arbutus
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: First Avenue

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Washington Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: James Hooper Rawleigh

3. (b) Social Security Number: 220-07-9062

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth T. Rawleigh

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): October 7, 1870

8. AGE: Years: 69 Months: 9 Days: 9 If less than one day _____ hrs. _____ min.

9. Birthplace: Cambridge, Maryland
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business: Alma Mfg.

FATHER
12. Name: ✓
13. Birthplace: ✓ unknown

MOTHER
14. Maiden name: ✓
15. Birthplace: ✓ unknown

16. Informant: Mrs. J. Louis Kaufman
Address: 929 Leeds Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/18/40 (month) (day) (year)

Cemetery or crematory: Cemetery Greenlawn

Location: Cambridge, Md.

18. Funeral director: C. Raymond Kaufman
Address: 927 Leeds Avenue

19. July 17 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH: July 16th 1940, at 1245

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to July 16 1940, and that I last saw him alive on July 16 1940.

Immediate cause of death: Chronic cardio-renal disease — DURATION: 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: Ernest H. Rahn, M.D.
M. D. or other

Address: 1735 Poplar W. St. Date signed: 7/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07321

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months, 16 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 3 months, 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 209 S. Sharp Street

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: George Remmel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 21, 1875

8. AGE: Years	Months	Days	If less than one day
65	4	27	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Peddler

11. Industry or business: Miscellaneous

FATHER

12. Name: Conrad Remmel

13. Birthplace: Germany

MOTHER

14. Maiden name: Mary Hayes

15. Birthplace: Pittsburgh, Pennsylvania

16. Informant: Hospital records

Address

17. (Burial, cremation, or removal. Which?) Burial Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 7/24/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18, 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1940, to July 18, 1940 and that I last saw him alive on July 18, 1940

Immediate cause of death	DURATION
Carcinoma of the urinary bladder with extension to left	Before 1940
Due to: ~~xxx~~ Chronic myocarditis	Before 1940
Due to: ~~xxx~~ Acute parenchymatous nephritis	Before 1940
Other conditions: Manic depressive psychosis	Before 1940

(Include pregnancy within 3 months of death)

Major findings of operations: No

Date of op.

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 7/19/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

07322

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 31 Melvin Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Anne King Renehan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John F. Renehan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 28, 1859

8. AGE:

Years	Months	Days	If less than one day
80	10	6	..... hrs. ..... min.

9. Birthplace: Harford County, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Patrick Henry King
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Mary Elizabeth Heuisler
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Elizabeth Sehlstedt

Address: 31 Melvin Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/8/40 (month) (day) (year)

Cemetery or crematory: St. Ignatius Cemetery

Location: Hickory, Maryland

18. Funeral director: H W Mears & Son

Address: 805 North Calvert Street

19. 7/6 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4, 1940, at 8.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2, 1939, to July 4 1940 and that I last saw her alive on July 2, 1940

Immediate cause of death: Arteriosclerosis

Due to: Hypertension

Due to:

Other conditions: Debility of aged

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Catonsville, Md. Date signed: 7/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (174) Reg. Dist. No. 32

CERTIFICATE OF DEATH

07323

1. PLACE OF DEATH

(a) County Balto.

(b) City or town Mt. Washington (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Smith Ave. (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt. Washington (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Joseph Edward Ritter

3 (b) If veteran, name war World War

3 (c) Social Security No. unknown -

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie Ritter

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 2 - 1881

8. AGE: Years 59 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Oliver Richard Ritter

13. Birthplace Baltimore Co. Md.

MOTHER

14. Maiden Name Julianna Keller

15. Birthplace Baltimore Co. Md

16 (a) Informant Sarah Elizabeth Ritter

(b) Address Smith Ave. Mt. Wash. Md.

17 (a) Saters. Burial (Burial, cremation, or removal) (b) Date thereof July 11-40 (month) (day) (year)

(c) Cemetery or crematory Falls Rd

Location Saters Cemetery

18 (a) Funeral director Frank H. Newell

(b) Address Pikesville Md.

19 (a) 7/10/40 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death July 9th 1940, at 1-30 P. M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.~~

Immediate cause of death Accident

blown to pieces by dynamite

Due to explosion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ Accident

(b) Date of occurrence 7-9-1940

(c) Where did injury occur? Fackenwood (City or town) Balto (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Quarry (Specify type of place) While at work? yes

(e) Means of injury dynamite explosion

23. Signature W. P. O. Mike Jefry M. Cox M. D. or other

Address Pikesville Md Date signed 7-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1940
BUREAU V. S.

07324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: Rosemont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 280 Oak Grove Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Rosemont Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 280 Oak Grove Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Roesch

3. (b) Social Security Number: 083-10-0608

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: — — — —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 28th 1883

8. AGE: Years	Months	Days	If less than one day
56	9	9	hrs. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: Voicer

11. Industry or business: Knabe Piano Co.

FATHER
12. Name: Joseph Roesch
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna R Schmidt
15. Birthplace: Balto. Md.

16. Informant: Anna Roesch
Address: 280 Oak Grove Ave - Rosemont

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/11/40 (month) (day) (year)

Cemetery ~~or crematory~~: Balto

Location: Balto Md

18. Funeral director: William Cook
Address: 1217 St. Paul St

19. July 10 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8th 1940, at 8 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1938, to July 8 1940, and that I last saw him alive on July 8 1940.

Immediate cause of death: Acute Cardiac Failure — DURATION: 1 da

Due to: Cardio Vascular Renal Disease — 2 yrs

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph G. Lankaitis MD
M. D. or other
Address: 679 Washington Blvd Date signed: 7/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07325

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Pretty Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Ridge Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Fullerton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Ridge Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. Rohe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Vanik Rohe
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb. 18th 1870

8. AGE: Years	Months	Days	If less than one day
70	5	3	____hrs. ____min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business House building
FATHER 12. Name Peter Rohe
13. Birthplace Balto. Co. Md.
MOTHER 14. Maiden name Mary Vogler
15. Birthplace Balto. Co. Md.
16. Informant Mrs. L. Rohe
Address Ridge Rd. Fullerton
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24th 1940 (month) (day) (year)
Cemetery or crematory Parkwood
Location Balto.
18. Funeral director Tasaka Funeral Home
Address 7401 Belair Rd.
19. 7/22 1940 Mrs. G. A. Fuss
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1940, at 4.05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8th 1939 to July 20 1940, and that I last saw h alive on July 20th 1940.

	DURATION
Immediate cause of death Myocardial Insufficiency	3 hrs
Due to Cerebral Hemorrhage	2 yrs
Due to Arterio Sclerosis	3 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edward H. Benson M. D. or other
Address W. Overlea Date signed 7/22/40

RECEIVED
AUG 1 [illegible]
BUREAU V. S.

RECEIVED
AUG 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07326

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Opitz Home

How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 12 Beaumont Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Julius L. Scott

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wht.	Widowed

6.(b) Name of husband or wife: May Bozman Scott

6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Nov. 17, 1856

8. AGE: Years	Months	Days	If less than one day
83	7	24	hrs. min.

9. Birthplace: Damesquarter Md. (Town, county, and state)

10. Usual occupation: Buyer

11. Industry or business: Produce

FATHER — 12. Name: John D. Scott

FATHER — 13. Birthplace: Damesquarter Md.

MOTHER — 14. Maiden name: Julia White

MOTHER — 15. Birthplace: Damesquarter Md.

16. Informant: D. Norris Kelly

Address: 12 Beaumont Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Frederick Ave.

18. Funeral director: Robert S. Little

Address: 2700 Edmondson Ave.

19. 7/12 (Date rec'd by registrar) 19 40 — Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1940, at 11.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to July 11 1940, and that I last saw him alive on July 11 1940

Immediate cause of death: Cerebral Haemorrhage — DURATION: 3 mos.

Due to: General Arteriosclerosis — 3 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert B. Taylor M. D. or other

Address: Catonsville Md. Date signed: 7-11-40

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07327

(93-d)

1. PLACE OF DEATH

County Balto Registration Dist. No. 31

Village or City Pikesville Md No. Campfield Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Susanna Shadrick If U. S. Veteran, specify WAR ____

(a) Residence: No. ~~Augsburg Home Campfield Rd~~ St. Ward. Overlea, Md. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Shadrick

6. DATE OF BIRTH (month, day, and year) Aug 11-1862

7. AGE Years 77 Months 11 Days 8 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Wetzelberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hilwart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theodore Katenkamp (Address) Campfield Road

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date July 29, 1940

Baltimore Md.

19. UNDERTAKER John C. Miller Inc. (Address) 2435 East Oliver St

20. FILED July 21, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 19th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1940, to July 19th, 1940. I last saw her alive on July 17th, 1940; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) Arterio-Sclerotic Heart Disease	?
2) -	

Other Contributory Causes of importance:

1) Chronic Infectious Arthritis ~~disease~~	5 yrs.

Name of operation None Date of 71

What test confirmed diagnosis? None Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU F. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07328

1. PLACE OF DEATH (93d)

County Baltimore Registration Dist. No. 33

Village or City Reisterstown No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Edward Sheppard If U. S. Veteran, specify WAR

(a) Residence: No. Glen Ann, Balto Co., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. (nee Ensor)

6. DATE OF BIRTH (month, day, and year) Dec. 26, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Maryland

FATHER

13. NAME John W. Sheppard

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Emily Ensor

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT (Address) Mr. John A. Young, 917 N. Kresson St., Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Jessops Date July 13, 1940

19. UNDERTAKER (Address) Landon M. Brooks, Sparks, Md.

20. FILED July 12, 1940 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1940, to July 11, 1940

I last saw him alive on July 11, 1940; death is said to have occurred on the date stated above, at 8:47 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Old Cerebral Hemorrhage with hemiplegia	?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. J. Ernshar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-G) Reg. Dist. No. 30

CERTIFICATE OF DEATH

07329

1. PLACE OF DEATH:
(a) County Balto Co
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Bloomsbury ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 20

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bloomsbury ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alice A Shipley

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Chas E Shipley

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 20 1864

8. AGE: Years 76 | Months 4 | Days 5 | If less than one day — hr. — min.

9. Birthplace Carroll Co Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name John Elgin
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Hainer
15. Birthplace Carroll Co Maryland

16 (a) Informant Esther C Bricker
(b) Address Bloomsbury Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40 (month) (day) (year)
(c) Cemetery or crematory Family Burial
Location Carroll Co Md

18 (a) Funeral director John J Mac Nabb
(b) Address Frederick-Wade Ave

19 (a) 7/17/40 (Date rec'd by registrar) (b) — Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. Date of death July 15 1940, at 3.15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1933, to July 15 1940 and that I last saw him alive on July 15 1940

Immediate cause of death	Duration
Cancer of pancreas	unknown
Due to	
Due to	
Other conditions Secondary Anemia	last 1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J. M. Heming M. D.
M. D. or other

Address Catonsville, Md. Date signed 7/17/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 2 1940
BUREAU V. S.

35
10
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175
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Dr Schaub
Shrewsbury Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-CB)

CERTIFICATE OF DEATH

07330

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Balto

City or town: Parkton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: " "

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Parkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. " " Md

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Albert Marion Shipley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 28th 1868

8. AGE: Years	Months	Days	If less than one day
71	9	11	hrs. min.

9. Birthplace: Elkridge Md.
(Town, county, and state)

10. Usual occupation: Retired Carpenter

11. Industry or business: B & O R. R.

FATHER
12. Name: Allan Shipley
13. Birthplace: A. A. Co. Md.

MOTHER
14. Maiden name: Harriet Le Marchant
15. Birthplace: A. A. Co. Md.

16. Informant: Mrs Mary I Knott

Address: Parkton Md

17. Burial (Burial, cremation, or removal. Which?): Burial Date thereof: 7/12/40 (month) (day) (year)

Cemetery or crematory: Private Burying Grounds

Location: Hanover A. A. Co. Md.

18. Funeral director: William Cook

Address: 1217 St. Paul St Balto Md.

19. July 9th 1940 (Date rec'd by registrar) Mathews Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9th 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1940, to July 9 1940, and that I last saw him alive on July 9 1940.

	DURATION
Immediate cause of death: Carcinoma of Prostate Gland	1 yr
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Paul Shaub, M.D. M. D. or other

Address: Shrewsbury Pa. Date signed: 7-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07331

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore County
City or town: Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 6429 Windsor Mill Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore Co.
City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 6429 Windsor Mill Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida May Shreefer

3. (b) Social Security Number: None

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Frank Shreefer
6(c) If alive, give age: 77 years
7. Birth date of deceased (mo., day, yr.): July 1, 1867
8. AGE: Years: 73 Months: 6 Days: 4 If less than one day: hrs. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: home
11. Industry or business: home
FATHER 12. Name: Hezekiah Clayton
13. Birthplace: Maryland
MOTHER 14. Maiden name: Henrietta Gibson
15. Birthplace: Baltimore Md.
16. Informant: Mrs. Henrietta East
Address: Woodlawn, Maryland
17. Boodlabx (Burial, cremation, or removal. Which?) Date thereof: July 8, 1940 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Woodlawn - Balto. Co. Md.
18. Funeral director: Wm. J. Tickner & Sons
Address: North Ave.
19. July 6th 1940 (Date rec'd by registrar) L. L. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5 1940, at 9:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1935, to July 5 1940, and that I last saw her alive on July 5 1940.

	DURATION
Immediate cause of death: Chronic Myocardial Degeneration	5 yrs.
Due to:	
Due to:	
Other conditions: Hemahgid arteriosclerosis	10 yrs.
Gangrene of right foot	6 mo.

(Include pregnancy within 3 months of death)
Major findings:
Of operations: no operation
Of autopsy: no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other
Address: Woodlawn Md. Date signed: July 5 1940

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07332

1. PLACE OF DEATH (93d)

County Baltimore Registration Dist. No. 31

Village or City Campfield Rd No. Augsburg Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara E. Simms If U. S. Veteran, specify WAR

(a) Residence: No. Augsburg Home St., Ward.

(Usual place of abode) 509 Chapelgate Lane If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupetion (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry H. Simms

14. BIRTHPLACE (city or town) Balto. (State or country) Maryland

MOTHER

15. MAIDEN NAME Emilie Cavalier

16. BIRTHPLACE (city or town) Balto. (State or country) Md

17. INFORMANT Theodore Katenkamp (Address) Campfield Road

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date July 12, 1940

19. UNDERTAKER John C. Miller Inc. (Address) 2435 E. Oliver St.

20. FILED July 11, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 10th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 30th, 1940, to July 10, 1940

I last saw her alive on July 3rd, 1940; death is said to have occurred on the date stated above, at 8:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) - Arterio Sclerotic ~~Heart~~ Heart Disease	5 yrs?
2) - Auricular Fibrillation	2 wks.

Other Contributory Causes of importance:

1) - Generalized sclerosis	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Pkwy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

RECEIVED
JUL 31 1940
BUREAU V. S.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia. In principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07333

Reg. Diat. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~ West Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. West Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Henry Perkins Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
~~BB~~ Male	White	Married

6 (b) Name of ~~husband or~~ wife Ethel Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 28th 1882

8. AGE: Years	Months	Days	If less than one day
57	9	10	____ hrs. ____ min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual occupation Operator
11. Industry or business Gasoline Service Station
FATHER 12. Name Valentine Smith
13. Birthplace Ireland
MOTHER 14. Maiden name Caroline L. Perkins
15. Birthplace Mass
16. Informant Mrs Ethel Smith
Address West Rd - Towson Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 11 1940 (month) (day) (year)
Cemetery or crematory London Park
Location Baltimore Md
18. Funeral director Pullbrook Corp
Address 1214 E Fayette St Baltimore Md
19. Date rec'd by registrar July 9 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1940, at 7.0 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw h~~im~~ ~~alive~~ on ____ 19__.

Immediate cause of death	DURATION
Coronary thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Dr T. O. Mac Leod M Ex
M. D. or other
Address Towson Md Date signed 7-8-40

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07334

1. PLACE OF DEATH (93d)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville No. Opitz Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Taylor a.a.co.

(a) Residence: No. Opitz Home — St., Ward. Herald Harbor, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Irene Taylor —

6. DATE OF BIRTH (month, day, and year) Apr 14, 1861

7. AGE Years 79 Months 2 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John R Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barbara A Maddox

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Ruth C Cooke 1205 W Virginia Av Wash. DC

18. BURIAL, CREMATION, OR REMOVAL Place Wash Dly Date July 11, 1940

19. UNDERTAKER (Address) W W Chambers Co. Washington DC

20. FILED 7/11, 1940 H L Andrews Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jun 20, 1940, to July 11, 1940 I last saw him alive on July 11, 1940; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio Vascular Disease	1938

Other Contributory Causes of importance:

Cerebral Hemorrhage	1939

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F Howell M.D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUL 15 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94)

Reg. Dist. No. 33 (7335)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Glyndon (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ~~Home Place~~ 4 Ames Place

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) 1 WK

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County City Balto.

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2214 Pelham Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Wm Harvey Taylor.

3 (b) If veteran, name war: None

3 (c) Social Security No. 212-10-3254

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen W. Taylor.

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 24, 1882

8. AGE: Years 58 | Months 1 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Md. Casualty Co

FATHER 12. Name William P. Taylor

FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mora Hartman

MOTHER 15. Birthplace Ohio

16 (a) Informant Mrs Helen W. Taylor

16 (b) Address 2214 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)

17 (c) Cemetery or crematory Greenmount

Location Balto, Md.

18 (a) Funeral director Wm. J. Tackney & Son

18 (b) Address North Ave.

19 (a) July 3 1940 (Date rec'd by registrar) (b) J. Trent Mitchell Registrar

MEDICAL CERTIFICATION

20. Date of death July 2 1940 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17- 1938, to 7-2 1940, and that I last saw him alive on 7-1 1940.

Immediate cause of death	Duration
Angina Pectoris	2 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? ____

(e) Means of injury None

23. Signature D. D. Caples, M. D. (M. D. or other)

Address Reisterstown Date signed 7-2-'40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1940
BUREAU V. S.

Dr. Miller.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

07336

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5200 Gwynndale Ave.,
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 16yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 5200 Gwynndale Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Martha Terry

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William Terry
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 2, 1859

8. AGE:

Years	Months	Days	If less than one day
81	0	22	hrs. min.

9. Birthplace: Ohio Cleveland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: John Brainerd
13. Birthplace: Wales

MOTHER
14. Maiden name: Mary Jones
15. Birthplace: Pa.

16. Informant: Mr. DeForrest Terry
Address: 5200 Gwynndale Ave., Woodlawn

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Annapolis Blvd., Brooklyn, Md.

18. Funeral director: G. Howard Strang
Address: 715 Light St.,

19. July 25 19 (Date rec'd by registrar) G. Kieffer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24, 1940, at actual 11.00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Acute dilatation of the heart	
Due to Cardio vascular	
Due to sudden death	
Other conditions Surgery	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: G. W. Kieffer Jr. Exam. Asst. M. D. or other
Address: 1010 Lenderbrae Date signed: July 25

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07337

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural Parkton Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rural - Parkton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Pearl Estella Thompson

3. (b) Social Security Number: —

4. Sex: Female.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband ~~or wife~~: William Stanley Thompson

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): October 1, 1883

8. AGE: Years: 56 Months: 9 Days: 18 If less than one day: — hrs. — min.

9. Birthplace: Butler, Balto Co, Maryland.
(Town, county, and state)

10. Usual occupation: House Wife.

11. Industry or business: Domestic

FATHER
12. Name: George R. Chilcoat
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Laura A. Guyton.
15. Birthplace: Maryland

16. Informant: William S. Thompson.
Address: Parkton Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Carmel.

Location: Parkton, Md. R.D.

18. Funeral director: Jacob Hartenstein

Address: New Freedom, Pa.

19. July 19 1940 (Date rec'd by registrar) Eugene F Alban Dept Loc Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18 1940, at 12 A.M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1940, to July 17 1940, and that I last saw her alive on July 17 1940.

Immediate cause of death: Arteriosclerotic Cardio-Renal Vascular Disease ?

Due to: Hypertension, Malignant ?

Due to:

Other conditions: Chronic Myocarditis ?
(Include pregnancy within 3 months of death)

Major findings: —

Of operations:

Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Joseph E. Bush M.D. M. D. or other

Address: Hampstead Md Date signed: 7-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
AUG 9 1940
BUREAU U. S.

07338

STATE OF MARYLAND
CERTIFICATE OF DEATH

131-C

Registration Dist. No. 35

1 PLACE OF DEATH

County Balto.

Village or City Middletown (No. R.F.D. #2 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Reuben N. Trabert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Apr. (Month) 14 (Day), 1859 (Year)

7 AGE: 81 yrs. 3 mos. 10 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Funeral
(b) General nature of industry business, or establishment in which employed or (employer): Director

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: John H. Trabert

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Barbara Baker

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lidia A. Trabert

(Address) R.F.D. #2 Middletown Md.

15 Filed July 24 1940 Samuel E. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 24 (Month) (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 1940 to July, 1940, that I last saw him alive on July 24, 1940, and that death occurred on the date stated above, at 1 45/P m.

The CAUSE OF DEATH * was as follows:

Uremia

(Duration) ___ yrs. ___ mos. 4 ds.

Contributory Secondary: Chronic nephritis

(Duration) 2 yrs. ___ mos. ___ ds.

(Signed) A. M. France M. D.

192__ (Address) Parkton, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Middletown Md.

DATE OF BURIAL: July 27, 1940

20 UNDERTAKER: Chenoweth & Donovan

ADDRESS: 3615 Chestnut Ave.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1940
U. S. BUREAU

1940
I 8.9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

07339

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs. 11 months, 29 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 8 yrs. 11 months, 29 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: unknown County:

City or town: unknown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Mike Tully

3. (b) Social Security Number

None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: none

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1871, month and day unknown

8. AGE: Years	Months	Days	If less than one day
69	?		hrs. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: odd jobs

FATHER

12. Name: unknown

13. Birthplace: unknown

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown

16. Informant: Hospital records

Address

17. (Burial, cremation, or removal, Which?) Date thereof 7/18/40 (month) (day) (year)

Cemetery or crematory

Location Catonsville Md

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 19 40, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 19 31, to July 15 19 40

and that I last saw h...im alive on July 15 1940

Immediate cause of death	DURATION
Coronary thrombosis	4 days
Due to: Generalized arteriosclerosis	indefin.
Due to:	
Other conditions: Senile psychosis	indefin.

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: see above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner, M.D. M. D. or other

Address: Catonsville, Md. Date signed: 7-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

07340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Balto

City or town: Md. (Dundalk)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 64 Admiral Bldg.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Dundalk Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 64 Admiral Bldg.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Franklin Christopher Usher

3. (b) Social Security Number: 212-01-9250 (Poss.)

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Sarah F. Barnett.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 31st 1890

8. AGE: Years: 50 Months: 3 Days: 1 If less than one day ____ hrs. ____ min.

9. Birthplace: Martins Ferry Ohio (Town, county, and state)

10. Usual occupation: Roll Turner

11. Industry or business: Eastern Rolling Mills

FATHER

12. Name: John Frederick Usher

13. Birthplace: England.

MOTHER

14. Maiden name: Sarah Stone

15. Birthplace: Ohio

16. Informant: Mrs. Sarah F. Barnett

Address: 64 Admiral Bldg.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-5-40 (month) (day) (year)

Cemetery or crematory: Moreland Park Cem.

Location: Saylor Ave.

18. Funeral director: John G. Connelly

Address: Essex, Md.

19. July 3rd 1940 (Date rec'd by registrar) Milton M. Johnson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1940, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1940, to July 1 1940, and that I last saw him alive on July 1, 1940 19

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: EKG showed anterior branch infarction

Of autopsy

DURATION: 10 days (4 hours)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Mark Hollander M.D. M. D. or other

Address: 9 Dundalk Ave. Date signed: July 3, '40

W. M. Carmine, Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

07341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 9 Shealy Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

Street No.: 9 Shealy Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lavenia C. Van Horn

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: William H. Van Horn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 25 1859

8. AGE: Years: 81 Months: 3 Days: 5 If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: Charles Bosley

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary E. Freeland

15. Birthplace: Maryland

16. Informant: Carroll Van Horn

Address: Towson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/1/40 (month) (day) (year)

Cemetery or crematory: Prospect Hill Cem

Location: Towson Md.

18. Funeral director: John J. Fahey & Sons

Address: 1318 Light St.

19. July 31 1940 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940, at 12.05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1938, to July 30 1940 and that I last saw her alive on July 29, 1940

Immediate cause of death	DURATION
Chronic Myocarditis	1936
Arteriosclerosis	1936
Due to Coronary Thrombosis	1940
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: G. W. Bishop M. D. or other

Address: 501-503 Sheridan A Date signed: July 30, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07342

(50)

1. PLACE OF DEATH 38

County Baltimore Registration Dist. No.

Village or City Parkville Md No. Old Harford Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 1 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Walton If U. S. Veteran, specify WAR

(a) Residence: No. Old Harford Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
F.	W.	Widow

5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of Thomas W. Walton

6. DATE OF BIRTH (month, day, and yaar) Jan. 18-1860

7. AGE Yaars	Months	Oays	If LESS than 1 day, hrs. or min.
80	6 5	15	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Data dacaasad last worked at this occupetion (month and year)

11. Total time (years) spent in this ocsupation

12. BIRTHPLACE (city or town) Ireland (State or country)

FATHER

13. NAME Richard Graham

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Susan Magee

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Ruth A. Middleton (Address) Old Harford Rd (Parkville)

18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Cem. Data 7/6, 1940 Mahant Mass.

19. UNDERTAKER Leonard J. Luke (Address) 5305 Harford Rd.

20. FILED 7/4, 1940 A. W. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended daceased from July 2, 19 40 to July 3, 19 40

I last saw her alive on July 3, 19 40; daath is said to have occurrad on the date stated above, at 7.35 P m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralatad causes of importanca ware as follows:

	Date of onset
Carcinoma Right breast	1936
Metastasis thru Body	1939

Othar **Contributory Causes** of Importance:

Name of operation Data of

What test confirmed diagnosis? Wes there an autopsy?

23. If daath was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Whara did injury occur? (Specify city or town, county and State)

Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseasa or injury in any way ralated to occupation of dacaased? No.

If so, specify

(Signed) Harold H. Burns M. D.

(Address) 8100 Harford Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (b)

CERTIFICATE OF DEATH

07343

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ware & Washington Aves.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Towson Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Ware & Washington Aves.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stillbirth Wilhelm

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 3-40

8. AGE: Years: Stillbirth | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Towson, Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Marvin W. Wilhelm

FATHER — 13. Birthplace: Sparks, Md.

MOTHER — 14. Maiden name: Margaret M. Wilhelm/Price

MOTHER — 15. Birthplace: Sparks, Md.

16. Informant: Margaret M. Wilhelm

Address: Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Monkton Cemetery

Location: Monkton, Md.

18. Funeral director:

Address:

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h elive on 19.

Immediate cause of death: Stillbirth — UNKNOWN — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Enson M.D.

M. D. or other

Address: Cockeysville, Md. Date signed: 7/4/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (830)

Reg. Dist. No. 40

07344

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Notch Cliff (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Notch Cliff (If outside city or town limits, write RURAL and give town)

(d) Street No. Glenarm P.O. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Sister Mary Marina Willi

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1875

8. AGE: Years 64 Months 11 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Phila., Pa. (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Martin Willi
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Blanca
15. Birthplace Germany

16 (a) Informant Sister M. Peter Fourier

(b) Address Notch Cliff, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/40 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Notch Cliff

Location Glen Arm

18 (a) Funeral director Geo M. Frank Bro

(b) Address 811 N. Howe St.

19 (a) 7-30-40 (Date rec'd by registrar) (b) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death July 28 1940, at 2:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1939, to July 1940, and that I last saw him/her alive on July 23 1940.

Immediate cause of death Apoplexy — Duration 1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07345

1. PLACE OF DEATH (95c)

County Baltimore Registration Dist. No. 38

Village or City Parkville No. Edgewood ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred – yrs. – mos. 16 ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Benjamin Williams

(a) Residence: No. 205 N. Kenwood ave St., Ward. Baltimore Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5e. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Jane

6. DATE OF BIRTH (month, day, end year) August 31 - 1861

7. AGE: Years 78 | Months 10 | Days 27 | If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Steel Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Eastern Rolling Mills

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Pontardawe (State or country) Wales England.

FATHER

13. NAME ? Williams

14. BIRTHPLACE (city or town) Pontardawe (State or country) Wales England.

MOTHER

15. MAIDEN NAME Ann Lewis

16. BIRTHPLACE (city or town) Pontardawe (State or country) Wales England.

17. INFORMANT Lillian Williams (Address) 2900 Pinewood ave.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Baltimore County Date July 30, 1940

19. UNDERTAKER William Cook (Address) 1217 St. Paul St.

20. FILED 7/27, 1940 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-24-, 1940, to 7-27-, 1940

I last saw him alive on 7-22-, 1940; death is said to have occurred on the date stated above, at 3.10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
organic heart disease	unknown

Other Contributory Causes of importance: none —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave. Baltimore, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07346

(131-C)

1. PLACE OF DEATH

County Balto Registration Dist. No. 42

Village or City Oakley No. 4101 Leeds Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daeth occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foraign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Wilt If U. S. Veteran, specify WAR .....

(a) Residence: No. 4101 Leeds Ave St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles N.

6. DATE OF BIRTH (month, day, and yaar) June 28, 1851

7. AGE: Years 81 | Months | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceesed last worked et this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Altruth

14. BIRTHPLACE (city or town) (Stata or country) Germany

MOTHER

15. MAIDEN NAME Christina Kater

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Howard Wilt 4101 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL Place Louden Park Date July 25, 1940

19. UNDERTAKER (Address) Ambrose Mrs 1017 W. Cross St

20. FILED July 23, 1940 Geo. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I ettendad deceesad from 1934, 19..., to July 21, 1940

I lest sew her alive on July 20, 1940; daath is seld to have occurred on the date stated abova, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:

	Date of onset
Arterio Sclerosis	1934

Other Contributory Causes of importence:

Chronic Nephritis	1938
	1940

Name of operation ..... Date of .....

What tast confirmed diagnosis? Urine Wes there an autopsy? No

23. If deeth was due to external ceuses (VIOLENCE) fill in elso tha following:

Accidant, suicide, or homicide? ..... Date of injury ....., 19.....

Whare did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way ralatad to occupation of decaased? .....

If so, spacify .....

(Signed) Raymond J. Glaser M. D.

(Address) 2708 Hullins Ferry Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 2 1940 BUREAU VITAL STATISTICS

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107) Reg. Dist. No. 44

CERTIFICATE OF DEATH

07347

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: North Pt. and Trappe rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of atay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. North Pt. and Trappe road (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** LAWRENCE WISNIEWSKI.

3 (b) If veteran, name war: No.

3 (c) Social Security No. None.

4. Sex: male. 5. Color or race: white. 6 (a) Single, married, widowed, or divorced: WIDOWED.

6 (b) Name of husband or wife: Julianna Wisniewski

6. (c) If alive, give age years

7. Birth date of deceaaed (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Poland. (Town, county, and state)

10. Usual occupation retired

11. Industry or business —

FATHER 12. Name unk.

13. Birthplace Poland.

MOTHER 14. Maiden Name unk.

15. Birthplace Poland.

16 (a) Informant Mrs. F. Bartkowski

(b) Address North Point Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary

Location Baltimore

18 (a) Funeral director Fred W. Orazewski

(b) Address 1930 Eastern Ave.

19 (a) 7/31/40 (Date rec'd by registrar) (b) Melvin W. Simmons Deputy State Registrar

MEDICAL CERTIFICATION

20. Date of death July 29 1940, at 6 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 29 1940, and that I last saw him alive on July 29 1940.

Immediate cause of death	Duration
Myocardial facture	sudden
Due to Broncho Pneumonia.	2 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cauaes, fill in the following:

(a) Accident, auicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Collin M.D. M. D. or other

Address Sparrows Point. Date signed 7/29/40

J. M. Clemmens, Reg

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AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07348

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
County: Baltimore
City or town: Overlea
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Belair Road and Overlea Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 7201 Old Harford Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry G. Wolf

3. (b) Social Security Number: --

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary Ellen Wolf
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 21, 1866

8. AGE:

Years	Months	Days	If less than one day
73	9	21	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Druggist
11. Industry or business: Drug Business
FATHER 12. Name: George Wolf
13. Birthplace: Germany
MOTHER 14. Maiden name: Dorothea Schmidt
15. Birthplace: Germany
16. Informant: Miss Bessie Wolf
Address: 7201 Old Harford Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16, 1940 (month) (day) (year)
Cemetery or crematory: Parkwood Cemetery
Location: Taylor Avenue, Balto., Md.
18. Funeral director: Lansdale Funeral Home
Address: 7401 Belair Road
19. 7/15 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12th 1940, 4:30PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1940, to July 12 1940, and that I last saw him alive on July 12th 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 hrs
Due to: Arterio-Sclerosis	2 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Edward Bruce M. D. or other
Address: 1 W. Overlea Ave. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 1 1940
BUREAU V. S.

State Leeff

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

07349

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Baltimore

City or town Raspberry
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 102 Forrest View Ave.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 3 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State W. Va. County Berkeley

City or town Martinsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. N. Queen St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Francis Ella Wolfes

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Chas. H. Wolfes

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug. 11 — 1869

8. AGE: Years 70 Months 10 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace: Hedgsville W. Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Richard Bodine
13. Birthplace: W. Va.

MOTHER
14. Maiden name: Mary Lee
15. Birthplace: W. Va.

16. Informant: Jack Custer
Address: Martinsburg W. Va.

17. ___ (Burial, cremation, or removal. Which?) Date thereof July 10-40 (month) (day) (year)

Cemetery or crematory: Rose Dale

Location: Martinsburg W. Va.

18. Funeral director: L. H. Weimer

Address: 115 S. Maple ave Martinsburg W. Va.

19. ___ (Date rec'd by registrar) 19___ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1940, at 7:00 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939 to July 7th 1940, and that I last saw her alive on July 6th 1940.

Immediate cause of death: Chronic Nephritis c̄ Oedema. — DURATION: 1 yr.

Due to

Due to

Other conditions: Diabetes Mellitus. Generalized Arteriosclerosis. — 15 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Lamerton L. Brown M.D. M. D. or other
Address 1938 Linden Ave Date signed July 7th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUL 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07350

(46-F)

1. PLACE OF DEATH

County Baltimore Co Registration Dist. No. 42

Village or City Halethrope No. North East Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Hitchock Woodford

(a) Residence: No. North East Ave. Halethrope St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ida Woodford

6. DATE OF BIRTH (month, day, and year): May 12 1861

7. AGE: Years 79 Months 2 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Mail Carrier

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: U.S.A.

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation: 6 mo

12. BIRTHPLACE (city or town) (State or country): Kentucky

FATHER

13. NAME: Charles Woodford

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Alice Miller

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT: Mrs Ida Woodford

(Address) N.E. Ave. Halethrope

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: July 18, 1940

19. UNDERTAKER: Saml. W. Chase & Son

(Address) 638 N. Gilmor St

20. FILED: July 16, 1940 G. Keeffe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-14 (Month) — (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-5-, 1940, to 7-14-, 1940

I last saw him alive on 7-13-, 1940; death is said to have occurred on the date stated above, at 12:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	unknown

Other Contributory Causes of Importance: unknown

Name of operation: None Date of —

What test confirmed diagnosis? Lab & physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Saunders M. D.

(Address) 1029 N. Stricker St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131B)

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Woodlawn

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6812 Windsor Mill Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Woodlawn Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6812 Windsor Mills Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Lucretia Yingling

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George E. Yingling

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 4, 1877

8. AGE: Years 62 | Months 11 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Spring Mills Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Louis Little

13. Birthplace: Md

MOTHER

14. Maiden name: Elizabeth Unknown

15. Birthplace: Md

16. Informant: Lewis C. Yingling

Address: 6812 Windsor Mill Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6 1940 (month) (day) (year)

Cemetery or crematory: Westminster

Location: Westminster Md

18. Funeral director: Wm Cook

Address: 1217 St Paul St

19. July 4 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 3rd 1940 and that I last saw her alive on July 2 1940.

Immediate cause of death: apoplexy — DURATION: 1 day

Due to: hypertensive — 3 yrs

Due to: Chronic Nephritis — 3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work? —

23. SIGNATURE: J. F. Thompson M.D. M. D. or other

Address: 1 Rundall St Date signed 7/3/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

Dr. D. P. Alagia
3326 Frederick Ave
Gil 1818 7 30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

Judge Andrew Catonsville Reg. 07352

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto.

City or town: Near Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or~~ institution: Opitz Nursing Home

Stay in hospital or inst. (yrs., or mos., or days): 18 Days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Smithwood & Birdwood Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary I. Young

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~: George Young

6(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): July 22nd 1865

8. AGE: Years	Months	Days	If less than one day
74	11	16	hrs. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Andrew J. Gittings
13. Birthplace: Md

MOTHER
14. Maiden name: Mary M. Suldon
15. Birthplace: Md

16. Informant: Mary M. Waldvogel
Address: Smithwood & Birdwood Ave

17. Balto (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/12/40 (month) (day) (year)

Cemetery ~~or crematory~~: Balto.

Location: Balto. Md.

18. Funeral director: William Cook
Address: 1217 St. Paul St

19. 7/9 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/9 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to 7/9 1940, and that I last saw her alive on 7/9 1940.

Immediate cause of death	DURATION
Arteriosclerosis	
Secondary Anemia	4 Mos.
Due to Cause unknown but probably due to Anemia or other drugs such as aspirin	
Due to	
Other conditions: Senile dementia & refusal of nourishment with Cardiac dilatation	15 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Damian P. Alagia M. D. or other
Address: 3326 Frederick Ave Date signed: 7/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21a)

CERTIFICATE OF DEATH

07353

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospt.

Stay in hospital or inst. (yrs., or mos., or days) 9 yrs - 3 mos - 5 da

Stay in this community (yrs., or mos., or days) "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3325 Patterson Park Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Mrs Josephine Zaremski

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Separated

6 (b) Name of husband ~~or wife~~ Lewis Zaremski

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) — — 1883

8. AGE: Years	Months	Days	If less than one day
57	?	?	? hrs. ? min.

9. Birthplace Poland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Zaremski

13. Birthplace Poland

MOTHER 14. Maiden name Mary ?

15. Birthplace Poland

16. Informant Records S. G. State Hospt

Address Catonsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31st 1940 (month) (day) (year)

Cemetery or crematory Holy Cross Cemetery

Location Anne Arundel Co.

18. Funeral director Charles F. Dill

Address 1501 E. Fort ave.

19. 7/28 1940 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 9.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1940, to July 27 1940

and that I last saw h[er] alive on July 27 1940

Immediate cause of death	DURATION
1. Senile cardeac Dilatation	36 hrs
Due to (1) Chr. Myocarditis	4-5 yrs (?)
(2) Arteriosclerosis	4-5 yrs (?)
Due to	
Other conditions Chr. Interstitial Nephritis	2-3 yrs (?)

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D.

M. D. or other

Address Spring Grove State Hosp. Date signed 7/28/40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

07354

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Garrison, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Garrison, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. On Reisterstown Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ernest Zeigler

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Fannie Baker. Deceased 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28, 1867

8. AGE: Years 72 | Months 11 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Soldiers Delight, Balto. Co. Md. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Any thing could get to do.

FATHER
12. Name Dont Know
13. Birthplace Dont Know

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know

16. Informant Ernest Seim Zeigler.
Address Owings Mills

17. Burial (Burial, cremation, or removal? Which?) Date thereof July 11, 1940 (month) (day) (year)
Cemetery or crematory All Saints Cemetery
Location Reisterstown, Md.

18. Funeral director Wm. Berryman & Sons.
Address Reisterstown, Md.

19. July 10 1940 (Date rec'd by registrar) H. L. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-18 1940, to 7-9 1940, and that I last saw him alive on July 8 1940.

Immediate cause of death	DURATION
Vincents Angina	2 mo.
Due to Hemorrhage, Secondary to Vincents	1 wk.
Due to	
Other conditions Carcinoma, Skin-Rt. cheek 2 yrs.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury Injured at work?

23. SIGNATURE D. D. Eagles, M. D. M. D. or other
Address Reisterstown Date signed 7-10-40

RECEIVED
AUG 3 1940
BUREAU V. S.